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County Council of the County of Lanark

EDUCATION COMMITTEE

TWENTY-EIGHTH
ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN

1936-37

County Council of the County of Lanark

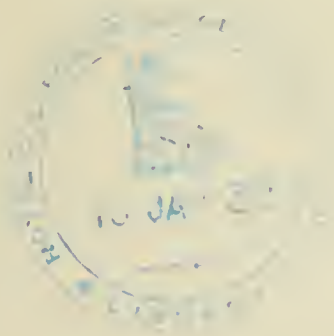
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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
COMMITTEE OF THE COUNTY OF LANARK.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit the Twenty-Eighth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ended 31st July, 1937. This report is prepared in accordance with the Memorandum on School Health Administration issued by the Department of Health for Scotland.

I am,

Your obedient Servant, .

JOHN MACINTYRE,
Executive School Medical Officer.

SCHOOL MEDICAL INSPECTION OFFICES,
3 CLYDESDALE STREET,
HAMILTON, *October, 1937.*

STAFF.

Executive School Medical Officer.

JOHN MACINTYRE, M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

ANN K. CORMACK, M.B., Ch.B.

ISABEL C. DARLING, M.B., Ch.B., D.P.H.

JANET B. CUNNINGHAM, M.B., Ch.B., D.P.H.

IAN C. MACKENZIE, L.R.C.P. & S.Ed., D.P.H.

JOHN YOUNG, L.R.C.P. & S.Ed., D.P.H.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.

WILLIAM KERR, L.D.S.

ANDREW C. F. RANKIN, L.D.S.

ARCHIBALD W. M. WATSON, L.D.S.

ELIZABETH WATSON, L.D.S.

MARY N. YOUNG, L.D.S.

Part-Time Ophthalmic Surgeons.

H. SOMERVILLE MARTYN, M.A., M.B., Ch.B.

JOHN A. MORTIMER, M.D., M.R.C.P.E.

JAMES R. WATSON, M.A., B.Sc., M.D., D.P.H.

JAMES HILL, M.B., Ch.B., D.O.M.S.

Part-Time Ear, Nose, and Throat Specialist.

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

Nurses.

HELEN S. BERTRAM.

MARY M. BENNETT.

(a) JESSIE M'L. BLACK.

MARTHA CHISLETT.

ISOBEL T. COCHRAN.

RACHEL DOBIE.

ANNIE N. DOUGLAS.

FLORENCE D. FLEMING.

JEAN HANNAH.

AMY S. T. HISLOP.

AGNES L. D. MILLER.

MARJORY K. M'DOUGALL.

ISABEL MACKINNON.

(b) FRANCES M'KEE.

JEAN G. M'GHIE.

MARGARET NEILSON.

HELEN PARK.

MYRA E. SMITH.

MARGARET C. R. SUTTER.

ISABEL TAYLOR.

MARY A. YATES.

Clerical Staff.

Chief Clerk—ROBERT A. M'ROBBIE.

JOHN PORTER.

SARAH M. B. CLARK.

HELEN S. STEVEN.

JEAN B. THOMSON.

PETER KANE.

(a) Appointed 16th January, 1937.

(b) Resigned 15th December, 1936.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

The personnel of the Medical, Dental, Nursing, and Clerical Staffs is shown on page 6 of this Report. The only change in the personnel of the staff during the year was the appointment of Nurse Jessie M. Black in succession to Nurse Frances M'Kee, who resigned on account of ill-health.

II.

(a) Number of Schools in whole Educational Area :—

Primary and Advanced Division Schools, ...	221
Intermediate and Secondary Schools, ...	20
Special Schools or Classes,	11

(b) Number of Children on Register,	91,303
„ „ in Average Attendance,	82,540

During the year under review the following new schools or additions to existing schools were completed :—

Forth Advanced Division School.—After the crection of the new primary school, the original school building was remodelled for Advanced Division work. The accommodation provided was four classrooms, cookery and laundry, science room, woodwork room, and housewifery department.

Whifflet Primary School.—This school was entirely reconstructed and now gives accommodation for 720 pupils.

Merry Street School.—This was originally a public school in Motherwell, but, owing to the large number of pupils in Motherwell R.C. Primary School, it was reconstructed for the Advanced Division pupils from that school. It is now known as St. Joseph's R.C. School, Motherwell.

Junior Instruction Centres have been provided for the Ministry of Labour as follows :—

One at Mossend for girls.

Two at Coatbridge, one for boys and one for girls.

Two at Burnbank, one for boys and one for girls.

One at Cambuslang for both boys and girls.

In addition to the foregoing, a considerable amount of renovation work was carried out and also the provision of temporary accommodation by means of hutments, *e.g.*, temporary hutment accommodation of two classrooms at Stane Primary School ; one classroom and one cloakroom at Baillieston R.C. School ; two classrooms, science room, and cloakroom at Bishopbriggs H.G. School ; one classroom and one dining room at Glenboig R.C. School ; new cloakroom accommodation at Bent Primary School, Kirkmuirhill. Many minor alterations and improvements in the matter of lighting, heating, flooring, etc., were also effected.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

The number of visits paid to schools for purposes of routine examination of the pupils for the year ended 31st July, 1937, amounted to 1,093. As formerly, the groups of children examined at these visits were as follows:—(1) Entrants, 5-6 years old ; (2) Intermediates, 9 years old ; (3) Seniors, 12 years old ; (4) Secondary pupils, 16 years old. In addition, special cases presented for examination by teachers or parents were also undertaken at the time of routine inspection as well as at all subsequent visits to schools.

Reference to the general summary of work overtaken by the medical staff during the year (pages 20-21) shows that **29,053** pupils in the above mentioned four age groups were subjected to full medical examination, this total comprising **14,756** boys and **14,297** girls. The total number examined represents **99·7** per cent. of the pupils coming within the four age groups concerned. It is almost inevitable that a small percentage of pupils, almost negligible in number, will fail to be examined by the school medical staff on account of the children's inability to attend school because of prolonged illness at home or of residence in sanatoria or other institutions. However, such children will come under the category of "special" cases during following school year should attendance at school be resumed by that time.

The number of *special* cases examined by the medical officers at their routine visits to the schools amounted to **5,316** for the past year.

Table A shows in detail the numbers of children examined in each age group—boys and girls separately—in each School Management Area, as well as the number of selected cases in each Area.

IV.

NUMBER OF SPECIAL VISITS BY SCHOOL MEDICAL OFFICERS.

In accordance with the routine procedure, a regular revisiting of all schools in the whole educational area was made. At these revisits children who had been notified as suffering from some disability were re-examined and "age-group" children who were absent at the time of the routine inspection were subjected to the regular medical examination.

Many special visits were also paid to schools in connection with applications for part-time employment, and also to examine applicants for food, boots, clothing, etc. Where a threatened outbreak of contagious or infectious disease was reported by the Head Teachers, the schools were specially visited and investigation made. This frequently involved the examining of whole classes of children, and, in some cases, all pupils in school.

During the past year, the Assistant School Medical Officers paid **484** revisits to schools, and, during the same period, the Executive School Medical Officer paid **150** visits, making a total of **634** special visits by members of the medical staff. (This is exclusive of the regular visits paid by members of the school nursing staff to those schools served by minor ailments clinics and also special visits paid by them to investigate certain cases of uncleanness reported by the teachers).

At the systematic revisits, the numbers of children re-examined were as follows:—At 1st revisit, 7,593; at 2nd revisit, 6,818; at 3rd revisit, 1,692, making a total of **16,103** re-examinations. (See pages 20-21).

For the number of children specially examined for boots, clothing, malnutrition, absenteeism, employment, etc., see summary on pages 20-21 of this Report.

V.

SANITARY CONDITIONS OF SCHOOLS.

The sanitary condition of the schools throughout the whole educational area continues to be satisfactory, and in no instance during the year was any complaint received from the sanitary authorities of the County or Burghs. Indeed, several of these officials pay tribute in their annual reports to the general high state of excellence of sanitation found at the schools. Improvements are constantly being effected whenever possible, and, where any faulty sanitary condition may arise, this is attended to without delay. The introduction of electric lighting, water carriage system of excrement disposal, reconditioning of playgrounds, improvement of heating system, decoration of class rooms, and so on, have all contributed in recent years to make the schools the most sanitary, comfortable, and attractive public buildings in the County. The regular daily cleaning of the classrooms is satisfactorily carried out.

VI.

(A) ORGANISATION AND ADMINISTRATION.

This is in accordance with the scheme submitted to the Department of Health for Scotland, and has been fully dealt with in previous reports.

(B) SCHOOL NURSES.

1. NUMBER ON STAFF.

The school nursing staff consists of 20 fully trained, certificated nurses. For purposes of administration, 7 of these nurses are shown as being allocated for medical inspection and 13 for treatment, but, in actual practice, no rigid classification exists as all members of the nursing staff are, as occasion arises, engaged in inspection work or in treatment at the dental, ophthalmic, ear, nose, and throat, and minor ailments clinics. With the appointment of an additional dental officer next session and the extension of the Committee's scheme of minor ailments treatment, an increase to the nursing staff will automatically follow.

2. DUTIES IN SCHOOLS AND CLINIC.

For detailed account of the duties of the nursing staff at schools and clinics, see Annual Report for year 1932-33.

3. DUTIES IN VISITING.

Full details regarding these duties were given in the Annual Report for year 1929-30. The number of special visits to homes paid during the year, principally on account of conditions of uncleanness or irregular attendance at the clinics, amounted to **752**.

(C) ARRANGEMENTS FOR "FOLLOWING UP."

These arrangements were fully explained in the Annual Report for year 1929-30. The co-operation between the school medical service and the public health services of the County and Burghs is both cordial and intimate and this results in the following up of cases requiring supervision being expeditiously carried out, with mutual benefit to both services.

(D) SUPERVISION OF INFECTIOUS DISEASES
INCLUDING SCHOOL CLOSURE.

A close supervision of all conditions of an infectious or contagious nature occurring in schools continues to be strictly maintained. In this connection the hearty co-operation of all teachers has been of the greatest assistance to the school medical staff, and as each year passes this becomes more and more evident. Suspected cases of infectious disease are being promptly excluded from school and the family doctor or medical officers notified or, in the case of suspected contagious disease, the pupil concerned is sent forthwith to the local minor ailments clinic for the medical officer's opinion.

The old fear of a bad weekly or monthly attendance percentage is rapidly disappearing and it is now recognised that early notification of any suspected infectious or contagious conditions amongst the pupils is not only the best possible procedure for the sake of the child but it also results in a marked improvement in the attendance percentages. In this respect the minor ailments clinics are, perhaps, the most outstanding of all the branches of school treatment, as cases can be promptly dealt with and, frequently, absence from school entirely obviated. The fact that attendance at the treatment clinic—minor ailments, dental, visual, etc.—is reckoned as attendance at school is distinctly helpful in furthering prompt notification.

Table X shows the number of cases of infectious or contagious disease detected by the school medical officers during the year. It will be seen that contagious skin diseases were by far the most common conditions met with and, of these, scabies holds first place. This is a condition which is not, meantime, lessening, despite better housing conditions and strict supervision of the affected pupils. As it is a disease which affects the adult members of a household as readily as the children, control and treatment are not so easily carried out and re-infection is an ever-present menace. Impetigo, by comparison, is easily dealt with provided reasonable co-operation of the parents is afforded.

In regard to the more serious infectious conditions discovered at school, only 2 actual cases of pulmonary tuberculosis were discovered, although certain other suspected cases were placed under observation, and only 1 actual case of diphtheria. No case of scarlet fever was found attending school. The following were the infectious or contagious conditions found at school and dealt with during the year:—Mumps (20), pulmonary tuberculosis (2), measles (1), chickenpox (31), diphtheria (1), pertussis (3), ringworm (47), scabies (582), impetigo (285), catarrhal conjunctivitis (54).

It was not found necessary to recommend the closure of any school or department of a school because of infectious or contagious disease during the past year.

The County bacteriologist (Dr. Gow Brown) examined and reported upon the following specimens submitted to him by the school medical officers:—Suspected diphtheria, 7; tinea, 9; Wassermann blood test, 2.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

The closest co-operation in all matters affecting the health of school children continues to be maintained between the school medical service and the various public health services throughout the whole educational area and the personal relationship between the staffs is excellent. Valuable information regarding family histories and health records of patients is freely exchanged between

the services, and this has been found to be exceedingly helpful in supervising the health not only of the child concerned but also of other members of the family. The medical officers of health, both of Burghs and County, have placed their special clinics at the disposal of the school medical service for pupils resident in their respective areas, and now all children can have ultra-violet ray treatment free of cost or specialised advice in cases of suspected pulmonary disease.

The joint use of clinics by public health authorities and the school medical services continues to operate at Motherwell, Hamilton, Blantyre and Shotts, and in the near future it is hoped also at Larkhall, Bellshill and Coatbridge.

During the past session further advance in co-operation with the public health services was made, namely, in the matter of child welfare centres and nursery schools. After discussion by the Education Committee, the question of co-operation was referred to the County Medical Officer and the Executive School Medical Officer for full consideration. A joint report was submitted by the medical officers and approved by the Education Committee and County Council. The following is an extract from the recommendations contained in the joint report :—

“ After full consideration of the whole matter, we are agreed that, where County Health Institutes exist, Nursery Schools should not be erected in the same locality without the Medical Services Committee having first considered the desirability of co-ordinating the Nursery School with the Health Institute. The principal reasons which have led us to favour this policy of co-operation are :—

- “ 1. The geographical situation of the Child Welfare Centre is, generally, convenient to the homes of the population for whom Nursery Schools would be of the greatest benefit.
- “ 2. The parents visiting the Child Welfare Centre would become acquainted with the benefits and activities of the Nursery School and the transition of children from the Welfare Centre to the Nursery School would, consequently, be facilitated.
- “ 3. The Nursery School, if co-ordinated with the Welfare Centre, would obviate to a large extent the necessity for such places as a toddlers' playground, day nursery etc.
- “ 4. The medical services available to children attending the Welfare Centres would also be available to the children at the Nursery School, e.g., provision of artificial sun light, treatment of minor ailments, baths, etc.

" 5. The nursing service at the Child Welfare Centre could be made available for the children attending the Nursery School, and this would be of special advantage in the matter of home visiting.

" 6. The cooking facilities of a Welfare Centre would be available for providing a simple mid-day meal to the children attending the Nursery School.

" 7. There would probably be a saving in constructional costs in the matter of heating, drainage, lighting, water supply, etc., and also in maintenance charges.

" The question of how far the Child Welfare Voluntary Committee could become interested in Nursery Schools is worthy of consideration. Quite apart from any active participation in the work of the Nursery Schools, they might provide Christmas treats, summer outings, and, in certain cases, articles of clothing.

" Whilst the responsibility for the provision, maintenance and staffing of Nursery Schools is essentially a matter for the Education Committee, we are satisfied that at many points the Child Welfare services could co-operate profitably with the Education Committee.

" We suggest that with regard to the new Health Institutes now, and for the future, proposed for the County area, the Education Committee's requirements in the matter of Nursery Schools should be kept in view."

(F) PRESENCE OF PARENTS AT MEDICAL INSPECTION AND TREATMENT CENTRES.

The number of parents who attended the routine medical examination of their children during the past year was still rather disappointing and was confined principally to the first examinations, that is, of the youngest children. The percentage of parental attendance rapidly dropped in the succeeding examinations till, when the 16 years old group was reached, it practically became zero. Thus, of the total number of parents who attended the routine inspections at school, 82·5 per cent. applied to the 5-6 years old group ; 13·6 per cent. to the 9 years old group ; 3·6 per cent. to the 12-13 years old group ; and 0·3 per cent. to the 16 years old pupils.

As has been pointed out in previous reports, although the attendance of parents at routine inspections is rather meagre the same cannot be said when parents are notified to attend for a *special* examination of their children. In this case, practically 100 per cent. of the parents attend and if, through illness or other cause, personal attendance is not possible, a responsible person accompanies the child. It is quite clear that when there is real urgency the parents exhibit a genuine concern in the health of their children. This is exemplified in the large number of parents who accompany their children to the treatment clinics—visual, minor ailments, ear,

nose and throat, and dental. But the routine examination at school is now taken for granted, the parents being well aware that should any condition be found in the child necessitating a personal interview the parent will be specially summoned to meet the medical officer.

(G) SPECIAL EXAMINATIONS.

This branch of the school medical officer's work is rapidly growing and no arrest in growth can be visualised. All new legislation pertaining to education inevitably adds to the duties of the school medical staff and there are few activities in school life that do not intimately concern the medical officer. So great is the demand for special reports that the original purpose of the school medical service, namely, the regular routine examination of all school children, is in danger of being lost sight of. The call for special examination and report comes from every corner of the educational area. Certain districts are very much more importunate than others and there is a distinct danger in these areas of the school medical service being looked upon as ancillary to the attendance department.

Although every effort is made to have special examinations conducted without undue loss of time, there must of necessity be, occasionally, some little delay. It would facilitate matters very much if the fullest particulars possible regarding the case were submitted and, especially, the full name, date of birth, *correct* home address, and school attended, of the child for whom the examination is desired. This matter was specially mentioned in last year's report (page 13) but, so far, has not given much evidence of being appreciated.

(a) *For Infectious or Contagious Diseases.*—As has been mentioned in a previous section of this report (page 9) visitation of schools is carried out whenever necessary and arrangements made for the disinfection of class rooms when this is deemed advisable.

(b) *Absentee Pupils.*—In this category are included children who have been absent from school for more or less lengthy periods; children who, being of school age, have not yet enrolled at school; and children who are markedly irregular in attendance and whose reason for absence is not considered satisfactory. All requests for medical report on absentee children should be transmitted to the Executive School Medical Officer, or to the Director of Education, through the Clerk to the School Management Area concerned, but many requests for examination still come direct from Head Teachers. For the benefit of the latter, it is again emphasised that the proper channel for dealing with absentee children is through their attendance department. This will make for the smooth working of the scheme and obviate duplication of notifications. The Head Teachers will continue to have full liberty to bring direct to the school medical department any requests for special examination of any of their pupils who are in attendance at school, *e.g.* for mental backwardness, defective vision, malnutrition, uncleanliness, and so on, but absentee children come into quite a different category.

During the year under review **1,008** cases of absenteeism were examined and reports furnished. The following table shows the School Management Areas from which the applications were received :—

School Management Area.					Number of Children.
1,	...	...	...	...	5
2,	...	...	...	...	13
3,	...	...	...	...	8
4,	...	...	...	...	39
5,	...	...	...	...	70
6,	...	...	...	...	128
7,	...	...	...	...	60
8,	...	...	...	...	30
9,	...	...	...	...	114
10,	...	...	...	...	40
11,	...	...	...	...	242
12,	...	...	...	...	129
13,	...	...	...	...	105
14,	...	...	...	...	25
					<hr/>
					1,008
					<hr/>

In addition to the foregoing, a large number of children were presented to the medical officers at the minor ailments clinics for special examination. These cases were brought voluntarily by their parents to ascertain whether attendance at school could be now resumed. In all, **1,989** absentee children were examined at the various clinics. Thus :—Airdrie clinic, 179 ; Blantyre clinic, 167 ; Larkhall clinic, 189 ; Hamilton clinic, 338 ; Gateside clinic, 203 ; Rutherglen clinic, 297 ; Motherwell clinic, 616.

(c) *Physically Invalid Children*.—In this category are included children who were reported to be suffering from some physical disability sufficiently severe to preclude their attending school or to warrant special provision being made for their education. In all, **739** children were submitted for examination and report on these grounds. As in previous years, it was found that in a considerable number of cases no disability whatsoever could be detected, whilst in a still greater proportion of cases any disability present was of a very minor character which would readily yield to simple treatment. However, amongst the cases submitted, certain children were found whose disability was so pronounced as to warrant special arrangements being made for their education, *e.g.* cases of chorea, heart disorder, infantile paralysis, marked debility, deaf-mutism, blindness, high myopia, speech defect, petit mal, etc. In all of these cases appropriate measures were taken for the future care and education of the child. There were 7 cases of deaf-mutism and 5 cases of blindness.

The majority of the examinations were conducted at a school or clinic, but where, on account of special disability on the part of the patient or inconvenience of travelling facilities in bringing the child to an examining centre, it would have been a distinct hardship to ask parents to attend at a centre, the medical officers paid visits to the homes and conducted the examinations there. The total number of homes visited by the medical officers was 369.

The Medical Inspection Offices at Hamilton are also largely made use of for examining purposes, not only for children but also in the case of members of the Committee's staff.

(d) *Mentally Invalid Children*.—For the year ended 31st July, 1937, 79 cases of suspected or actual mental defect were examined and reported upon. The majority of the cases were submitted by the Clerks of Local School Management Committees, but in several instances the requests for examination came from Head Teachers. In some cases the children were examined at the request of their family doctor. This latter is an encouraging sign, as the family physician has a unique opportunity of observing early signs of mental defect and if his co-operation could be fully enlisted the difficulty of persuading parents to consent to their children receiving their education and training in one of the Committee's special schools would be greatly reduced. As matters stand, it is not uncommon for the parents of a feeble-minded child to insist on the children being enrolled at an ordinary school although mental retardation has probably been obvious to the family doctor for a considerable time. Two, or even more, years of futile attempt at an ordinary school may have to pass before parents reluctantly acknowledge that special school education is in the best interests of the child and, in fact, should have been begun when the child reached school age.

Of the cases presented for special examination, a few were found merely to be backward but, in the great majority of instances, definite mental defect was found to be present, the degree of defectiveness ranging from slight feeble-mindedness to complete idiocy. There is a widespread public belief that the mental classes in the Committee's special schools make provision only for the grosser types of mental defect, and one can hardly blame the general public for holding this view when one meets the same opinion freely expressed by a considerable section of the teaching profession. The criterion of what constitutes educability would appear to be capable of the most diverse and, occasionally, fantastic interpretation, and astonishment is frequently expressed when, after examination of a pupil, the medical officer pronounces the child to be uneducable. It cannot be stated too emphatically that only the higher grades of mental defect will make good at a special school and that low grade or imbecile types will make no more progress under special school instruction than at an ordinary school. Consequently, no astonishment need be shown when such children are refused admission to the special school, or, if admitted on trial, are excluded at an early date. A more intimate acquaintance with the aims and activities of special

Bye-Laws under the Employment of Children Act, 1903, and Education (Scotland) Act, 1918.

STATEMENT SHOWING NUMBER OF CHILDREN EXAMINED, NUMBER OF
CERTIFICATES GRANTED OR REFUSED, AND NATURE OF EMPLOYMENT

SCHOOL MANAGEMENT COMMITTEES.					No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.				
						Granted.	Refused.	Milk Carrier.	Delivering Newspapers.	Delivering Messages.	Lather Boy.	Golf Caddie.
Number	1	...	...	...	13	12	1	—	3	9	—	—
„	2	...	...	...	1	1	—	—	1	—	—	—
„	3	...	...	...	36	36	—	9	19	4	—	4
„	4	...	...	...	30	30	—	19	10	1	—	—
„	5	...	...	...	38	36	2	4	25	4	3	—
„	6	...	...	...	77	76	1	21	37	18	—	—
„	7	...	...	...	35	35	—	12	21	2	—	—
„	8	...	...	...	115	115	—	64	41	9	1	—
„	9	...	...	...	54	54	—	28	24	2	—	—
„	10	...	...	...	32	32	—	24	8	—	—	—
„	11	...	...	...	91	90	1	54	30	3	3	—
„	12	...	...	...	55	55	—	30	19	5	1	—
„	13	...	...	...	87	87	—	32	37	18	—	—
„	14	...	...	...	70	70	—	38	26	6	—	—
TOTAL					734	729	5	335	301	81	8	4

classes for the mentally retarded might clear away many hazy or, indeed, quite erroneous ideas regarding their function, but it is safe to say that although these classes have been in operation for many years the proportion of ordinary school teachers who have an intimate knowledge of their scope and function appears to be relatively small.

During the year under review 47 mentally retarded children were admitted to the Committee's special schools and 26 cases were reported to the General Board of Control as "uneducable" children, certain of these latter children being pupils who had been admitted on trial to the special schools but who had either failed to respond to the education provided or whose attendance, for other reasons, had to be discontinued.

(e) *Visits to Special Schools*.—All of the Committee's special schools were regularly visited throughout the year and the physical and mental progress carefully noted. Children who had made good recovery from the disability for which they were admitted were returned to ordinary school attendance, and it should be clearly understood that no child is kept at a special school whenever he is physically fit to resume his place at an ordinary school. The same careful scrutiny is exercised in the case of mentally retarded children, and although these children seldom, if ever, are able to resume their place in an ordinary school, care has to be taken that none will continue at a special school if the limit of his capacity for education or training has been reached. The energies of the special school teacher cannot be expended in trying to achieve the impossible.

It is satisfactory to note that during the year 82 children were found to have recovered normal health and were certified fit to return to an ordinary school.

(f) *Employment of Children Act*.—All school children making application to engage in part-time employment in accordance with the Committee's By-laws are required to undergo medical examination by the school medical officers, and a certificate of fitness to engage in employment will be granted or refused according as the medical report is favourable or otherwise. It may be that the applicant is certified as temporarily unfit, in which case a further examination will be afforded later on. Again, a pupil who has been granted a permit to engage in part-time employment may, for health or other reasons, have the permit temporarily suspended, or it may be withdrawn permanently.

During the past year 734 applicants were medically examined and of these only 5 were rejected for health reasons. Milk carrying and newspaper delivery were, as formerly, the principal occupations engaged in, the number of children engaged in these branches being 335 and 301 respectively. The accompanying table shows in detail the number of applicants examined, number of permits granted or refused, nature of employment, and the School Management Areas from which the applications were received.

(g) *Blind Persons Act (1920).*—During the year 2 adult blind persons desiring to enter upon a course of vocational training were medically examined and reported upon.

(h) *Members of Committee's Staff.*—In the course of the year under review, 28 members or prospective members of the Committee's staff were submitted to medical examination and a report furnished. The majority of the examinations of teachers was in connection with the exchange of teachers with the Colonies and Dominions under the League of Empire Scheme. The total number of examinations of members of the Committee's staff was as follows:—Teachers, 10; Janitors, 13; Attendance Officers, 2; Dentist, 1; Nurses, 2.

(i) *Examination of Necessitous Children.*—A considerable number of examinations were conducted by the medical staff in connection with applications for the provision of clothing, boots, food, tonic food, milk, surgical appliances, etc. Requests for these examinations generally were submitted by the Director of Education, but a fair number came direct from the Unemployment Assistance Board. The following were the numbers of children examined in each category:—Boots or clothing, 257; free milk, 320; tonic food and extra diet, 46; surgical appliances, 76; total 699.

(j) *Examination of Students in Preliminary Training.*—In accordance with the regulations governing the Preliminary Education, Training, and Certification of Teachers, 25 candidates were medically examined during the year.

(k) *Children and Young Persons (Scotland) Act, 1932.*—In accordance with the provisions of this Act, 93 children and young persons were medically examined during the past year. Of these, 72 were juvenile offenders, of whom 62 were boys and 10 girls. There were 21 cases of guardianship, 13 of whom were boys and 8 girls.

In the case of the male juvenile offenders, the great majority of the offences consisted of theft by housebreaking or shopbreaking. In one instance the gang consisted of three boys, two of them being engaged in the actual shopbreaking and one acting as a scout. There were no fewer than twelve charges against this gang and the sums involved were considerable, £12 in one case, £1 in other, 14s. in another, besides theft of cigarettes, chocolate, etc. The versatility of this particular band is exemplified by the fact that in one raid they secured a large basket of fresh eggs which they subsequently peddled from door to door. In most cases of shopbreaking, however, although money appeared to be the objective, the offenders had to be content with articles of merchandise—cigarettes, sweets, tinned fruit, chocolate, etc. Robbing gas meters and automatic machines seems to have had its day as only a few cases of this activity were dealt with during the year. Two cases of theft of motor cars were reported and a few cases of bicycle theft. One case of pocket-picking came before the Court and a case of lewd practices. A considerable number of cases of orchard robbing and malicious mischief were also dealt with.

In the case of the female juvenile offenders, in nearly every case the charge was one of theft, money, jewellery and clothing being involved, and in practically every case the parents reported that the girls had got quite beyond their control.

During the course of the year, members and officials of the Education Committee visited certain of the Approved Schools to which the juvenile offenders had been sent and also visited the homes in which the guardianship cases had been placed.

(l) *Pupils at Junior Instruction Centres.*—The services of the school medical staff are now available for the pupils attending these centres and the advice of the Committee's dentists and eye specialists may be obtained.

(m) *Pupils for Residential Domestic Training Course.*—The two centres at which this course may be taken—Coatbridge and Motherwell—continue to be well attended, and throughout the past year a regular examination of the entrants was carried out by the school medical officers. Every girl was subjected to medical examination just prior to her admission to make certain that no girl affected with infectious or contagious disease would go into residence at the centres. A very strict examination for personal cleanliness is also made. Altogether, **337** applicants were examined, **174** at Coatbridge and **163** at Motherwell.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations :—

	1936-37.		1935-36.	
	Boys.	Girls.	Boys.	Girls.
Entrants (6 years old), ...	4,576	4,628	4,448	4,512
Intermediates (9 years old),	4,664	4,513	4,910	4,811
Seniors (12 years old), ...	4,907	4,767	4,997	4,947
Secondary Pupils (16 years and over), ...	609	389	677	460
	14,756	14,297	15,032	14,730
Total, ...	29,053		29,762	
(b) Special Cases (non-routine),	5,316		5,224	
Grand Total,	<u>34,369</u>		<u>34,986</u>	

(c) Pupils examined at Re-visits :—

Number examined at 1st Re-visit,	7,593	7,373
„ „ 2nd „	6,818	6,642
„ „ 3rd „	1,692	2,882
„ „ 4th „	—	768
	<u>16,103</u>	<u>17,665</u>

(d) Examination of Students in Preliminary Training :—

	1936-37.	1935-36
Entrants, ...	25	16
During Training (1st, 2nd, and 3rd years),	19	12

(e) Examination of Physically and Mentally Invalid Children in attendance at Special Classes :—

1. Physically Invalid, ...	701	643
2. Mentally Invalid, ...	308	297

(f) Special Examination of Physically and Mentally Invalid Children :—

1. Physically Invalid, ...	739	893
2. Mentally Invalid, ...	79	82

(g) Special Examination of Irregular Attenders :—

Number Examined, ...	184	144
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	1936-37.	1935-36.
(h) Examination of Children under Employment of Children Act (1903) :—		
Number Examined,	734	683
(i) Examination of Adult Blind Persons (Blind Persons Act, 1920),	2	—
(j) Examination of Members of the Education Committee's Staff,	28	14
(k) Examination of Necessitous Children (Malnutrition, Boots, etc.),	699	425
(l) Children and Young Persons (Scotland) Act, 1932,	93	83
(m) Pupils for Residential Domestic Training,	337	109

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

	1936-37.	1935-36.
1. Dental Treatment :—		
Number of Children Dentally Examined,	77,000	76,549
Number of Children Notified,	45,281	43,908
Number of Children Dentally Treated, ...	22,004	21,935
2. Visual Treatment :—		
Number of Children Treated by the Ophthalmic Surgeons,	3,118	3,034
Number of Children Re-examined by the Ophthalmic Surgeons,	4,984	5,298
Number of Attendances at the Ophthalmic Clinics,	8,102	8,332
3. Ear, Nose and Throat Treatment :—		
Number of Children Treated by Nose and Throat Specialists,	588	497
Number of Attendances at Treatment Centres,	1,497	1,359
4. Treatment of Minor Ailments :—		
Number of Children Treated,	11,910	10,766
Number of Attendances made,	72,603	68,374
5. Clinics attached to Special Schools :—		
Number of Attendances made,	25,543	25,168

(B) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS
SUFFERING FROM DISABILITIES.

The total number of *children* notified to parents on account of some disability of a remedial nature during the past year amounted to **10,053**, and the total number of such *disabilities*, exclusive of defective teeth, was **13,755**. Of the children notified, 2,810 were on account of clothing, footgear, or personal cleanliness, that is, practically, **28 per cent.** of the total number notified. These conditions of unsatisfactory clothing, footgear, or cleanliness, important as they are, cannot reasonably be reckoned as "disabilities," a term which conveys to the public mind a more or less grave state of physical unfitness. Moreover, as the present recording of uncleanness takes anatomical account of the different parts of the child (head and body) and differentiates minutely the various forms of uncleanness (dirty, nits, lice), it is clear that one child may show no fewer than six disabilities, all relating to the same thing, namely, uncleanness. Hence, the large number of "conditions" appearing in the statistical table. The cleanliness of a child is either satisfactory or is not satisfactory and the meticulous detailing of the various items of uncleanness is a work of supererogation.

It is certainly right that even minor conditions, which might, if untreated, develop into something of a more serious nature, should be notified to the parents in order that prompt measures may be taken, and this type of "disability" constitutes, by far, the majority of the conditions notified. This caveat must be borne in mind when analysing the statistics in Table B, but it is very easy for the uninitiated merely to take the total figures and jump to the conclusion that an alarmingly large number of children are physically unfit. A revision of the present method of recording "defects" found during school medical inspection is long overdue, and a procedure devised which will give to the layman a clearer and more accurate idea of the actual health of the children in schools. As matters stand, the statistics of school medical inspection would seem to afford excellent support for the numerous Jeremiahs who declare that we are a "C 3" nation, a statement which, so far as school children at anyrate are concerned, is, most emphatically, not true.

In the matter of nutrition, the percentage of fitness continues at a satisfactory figure and this notwithstanding the tendency to be somewhat lenient on the part of the medical officers in order that

children may have the advantage of the "milk in schools" scheme. Of the **29,053** children examined in the routine age groups, **27,626** (or 95·09 per cent.) were found to be "average or above average," **1,322** (or 4·5 per cent.) somewhat below average, and only **105** (or 0·36 per cent.) definitely bad.

Whilst on the subject of nutrition it might be well to give a statistical account of the progress of the "milk in schools" scheme in this County. The following table shows the comparative figures of the number of children partaking of milk in school for the years 1935-36 and 1936-37.

Month.			1935-36.	1936-37.
September,	...	...	46,122	35,611
October, ...	...	...	44,294	36,672
November,	...	...	43,214	35,218
December,	...	...	40,010	34,108
January,	...	...	37,729	31,419
February,	...	...	38,385	34,727
March, ...	...	...	38,621	35,061
April, ...	...	...	38,847	36,463
May, ...	...	...	38,910	36,655
June, ...	...	...	39,200	36,154

It will be seen from the foregoing figures that there was a further decline throughout the whole of the past year in the number of participants in the scheme compared with the previous year (1935-36). It is difficult to ascertain with exactitude the reasons for such a considerable decline in the number of pupils taking advantage of the scheme for, frequently, when enquiry is made, many excuses are put forward but, quite possibly, the real reason is not forthcoming. There would appear to be no complete unanimity of opinion amongst the teachers to account for this decline in numbers, but, as a result of conversation on the subject with many teachers, it would appear to the writer that the opinions expressed by them and summarised in last year's report still pertain. There would appear to be no doubt that the chief reasons for failure to continue in the milk scheme are that the novelty of the scheme has worn off and that, in the case of large families, the cost of paying for the daily supply is more than the parents can meet. One other reason is that, since the introduction of the scheme of free milk to children certified by the school medical officers as suffering from some degree of malnutrition, many parents are refusing to pay for what they see other people's children getting free.

To be quite frank, milk is not generally a popular beverage amongst children and although the excellent health-giving properties of milk may be constantly emphasised to the pupils the intellectual faculties can seldom compete on equal terms with the inclinations of the palate, a condition of affairs that is by no means unknown amongst adults. It is certain that if milk made anything like the appeal to children that ice cream or lemonade does, there would be few who would not take advantage of the scheme to the fullest extent.

It will be seen from the comparative figures shown in the foregoing table that, beginning in the month of September of each year, there is a gradual falling off in the number of children partaking of milk until the month of January is reached when the numbers show a gradual, uninterrupted rise till the month of June. This might be taken to indicate that it is during the coldest months that there is the greatest decline in numbers, but this deduction is open to the objection that, frequently, the early months of the year—as happened during the present year—are very much more severe and rigorous than the months of November, December and January and yet the number of participants in the milk scheme showed a steady increase, both in 1935-36 and 1936-37, during February and March.

During the summer vacation of 1936 the distribution of milk to school children was discontinued as the reports from head teachers were rather pessimistic as to the extent to which the scheme would be taken advantage of during the holiday period, but the Education Committee agreed that, during the summer holidays of 1937, an experiment should be made in a selected district to find out from actual experience whether the prognostications of the teachers were fully justified. Accordingly, the Director of Education arranged facilities for the distribution of milk during the months of July and August to pupils attending schools in Cambuslang. The daily distribution took place from the domestic science annexe to Cambuslang Primary School and the arrangements were under the supervision of the janitorial staff who were responsible for the collection of the official returns of the supplies distributed. The scheme was in operation from 5th July until 20th August and the average daily number of pupils who participated in the scheme was 291. All things considered, it was felt that the experiment had been a success and doubtless it will be repeated not only in Cambuslang but in other districts next year.

Surveying the milk scheme as a whole, it can be said that it is a success even although the number of participants does not come up to

expectation. The whole procedure is carried through smoothly and efficiently and, considering the very large number of children involved, with remarkably few complaints.

Reference to Tables D-X shows the commoner conditions met with amongst school children with the percentages of the children affected. The number of children suffering from acquired organic heart disorder is still large and for this the three outstanding causes are rheumatism, chorea, and scarlet fever, by far the most important being rheumatism and chorea. In regard to visual acuity, there is a definite improvement this year in all three grades—good, fair, and bad vision—due, doubtless, to the constant endeavours of the ophthalmic surgeons. It has to be remembered that in recording the visual acuity of the children the vision of each eye is taken separately and if one eye shows definite deviation from the normal the child is referred to the ophthalmic surgeon. The “working vision” of a child has never been taken as the standard in this County and endeavour is always made to bring each eye up to normal. Had “working vision” only been estimated the number of children notified for visual defect would have been considerably smaller.

In regard to rickets, a disease which formerly was widely spread throughout the whole country, it is very satisfactory to note that no instance of marked rachitic deformity was found amongst the 29,053 children examined, and in only 323 cases (1.1 per cent.) was there any evidence of slight deformity. This is a disease which can be said to be rapidly becoming extinct.

In regard to dental defects 45,281 pupils were found, on examination by the dental surgeons, to require treatment and in every case a notice offering treatment was sent to the parents. For a full account of the dental condition of the pupils, see pages 48-53 of this Report.

(C) NUMBER OF CHILDREN WHO RECEIVED ATTENTION, EXCLUSIVE OF DEFECTIVE TEETH.

Of the 10,053 children notified as requiring attention (including all cases of personal uncleanness, clothing, footgear, and subnormal nutrition), 6,580, or 65.4 per cent., were found, on subsequent examination, to be cured or under treatment. Table B. shows in detail the various conditions remedied.

(D) CLOTHING.

Systematic Cases.							Special Cases.
Number Examined.	Insufficient.		In need of Repair.		Dirty.		Number found Defective.
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
29,053	42	·144	475	1·635	996	3·428	188

Also recorded "Overclad" 160 ; percentage ·550.

(E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
29,053	503	1·731	9

(F) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44·9	51·1	56·5
Anthropometric Standard, ...	44·1	50·7	56·0
Difference,	+0·8	+0·4	+0·5

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44·1	50·8	57·0
Anthropometric Standard, ...	43·6	50·0	56·8
Difference,	+0·5	+0·8	+0·2

BOYS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	47·8	64·8	80·1
Anthropometric Standard, ...	47·0	64·9	79·4
Difference,	+0·8	-0·1	+0·7

GIRLS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44·9	60·0	80·9
Anthropometric Standard, ...	44·8	59·3	80·2
Difference,	+0·1	+0·7	+0·7

(G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Nits (including Dirty).	Per cent.	Verminous.	Per cent.	No. found Defective.
29,053	2,740	9.431	325	1.119	541

(G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found Defective.
29,053	1,117	3.844	41	.141	187

(H) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special Cases.
No. Examined.	Ring-worm	Per cent.	Impetigo	Per cent.	Favus	Per cent.	Other Diseases	Per cent.	No. found Defective.
29,053	—	—	81	.279	—	—	100	.344	139

(H) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special Cases.
No. Examined.	Ring-worm.	Per cent.	Impetigo	Per cent.	Scabies.	Per cent.	Other Diseases.	Per cent.	No. found Defective.
29,053	5	.017	160	.550	46	.158	952	3.277	589

(I) NUTRITION.

Systematic Cases.							Special Cases.
No. Examined.	Average and above Average.		Below Average.		Very Bad.		Number found Defective
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
29,053	27,626	95.088	1,322	4.550	105	.361	130

(J) TEETH.

The routine examination of all school children between the ages of 5 and 12 years was conducted, as formerly, by the Committee's dental surgeons, but pupils above the age of 12 years, including the 16 years' old scholars and students in preliminary training, were dentally examined by the school medical officers during the course of routine inspection. It is proposed, in future, to have the dental examinations of all pupils, irrespective of age, carried out by the dental surgeons.

The dental inspection conducted by the school medical officers during the past year showed that of the 998 senior scholars examined as age group cases 327, or 32.77 per cent., required dental treatment and the usual facilities were offered.

(K) (a) NOSE.

Systematic Cases.							Special Cases.
No. Examined.	Catarrh.		Obstruction.		Other Diseases.		Number found Defective
	Number	Per cent.	Number	Per cent.	Number	Per cent.	
29,053	1,308	4.502	242	.833	34	.117	177

(K) (b) THROAT.

Systematic Cases.											Special Cases.
Number Examined.	Tonsils.				Adenoids.				Other Diseases.		Number found Defective.
	Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.		Number.	Per cent.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
29,053	6,135	21.117	1,920	6.609	1,032	3.552	664	2.285	116	.399	752

(K) (c) LYMPHATIC GLANDS (SUBMAXILLARY AND CERVICAL).

Systematic Cases.								Special Cases.	
Number Examined.	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
29,053	2,975	10.239	105	.361	5	.017	311	1.070	87

(L) EXTERNAL EYE DISEASES.

Systematic Cases.											Special Cases.
Number Examined.	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
29,053	810	2.788	221	.761	57	.196	917	3.156	175	.602	930

(M) VISUAL ACUITY.

Systematic Cases.						Special Cases.	
Number Examined.	Good Vision.		Fair Vision.		Bad Vision.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
*19,849	15,217	76.664	4,068	20.495	564	2.841	1,107

* Infant Children not included.

(N) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhœa.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
29,053	246	.847	281	.967	61	.209	201

(O) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
29,053	213	.733	28	.096	53

(P) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
29,053	220	.757	60	.206	89

(Q) MENTAL CONDITION.

Systematic Cases.					Special Cases.	
Number Examined.	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
29,053	324	1.115	76	.262	79	51

(R) HEART AND CIRCULATION.

Systematic Cases.								Special Cases.
Number Examined.	Organic.				Functional.		Anæmia.	
	Congenital.		Acquired.		Number.	Per cent.	Number.	Per cent.
	Number.	Per cent.	Number.	Per cent.				
29,053	28	·096	228	·785	530	1·823	446	1·535
								204

33

(S) LUNGS.

Systematic Cases.								Special Cases.
Number Examined.	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.		Other Diseases.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
29,053	929	3·198	—	—	2	·007	45	·155
								106

(V) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		
	Number.	Per cent.	Number.	Per cent.	Number found Defective.
29,053	323	1.112	—	—	13

(W) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rachitic).		
	Number.	Per cent.	Number.	Per cent.	Number found Defective.
29,053	114	.392	302	1.039	72

(Y) OTHER DISEASES OR DEFECTS.

In addition to the foregoing tabulated disabilities found during the course of routine inspection, a considerable number of other conditions were met with, some of a serious nature. In every instance where it was considered advisable to draw the parents' attention to the condition, a special note was sent home or, it may be, the parent was summoned for a personal interview with the medical officer. Of particular interest were 10 cases of hernia, 6 of nephritis (kidney disease), 4 of chronic appendicitis, 1 of haemophilia, 1 of Bell's paralysis, 10 of endocrine insufficiency.

The following are some of the other more important conditions found :—

Enlargement of thyroid gland, 101 ; rheumatism, 39 ; rheumatoid arthritis, 1 ; enuresis, 98 ; gastritis, 14 ; oxyuris vermicularis, 12 ; periostitis (jaw), 4 ; old osteomyelitis, 3 ; undescended testicle, 3 ; enlargement of liver, 1 ; cretinism, 1 ; diabetes mellitus, 1 ; haematuria, 1 ; Perthe's disease, 1 ; achondroplasia, 1.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY INVALID CHILDREN.

The Committee has four schools specially devoted to the education of physically invalid children. These are as follows :—

Drumppark, which serves the parishes of Old and New Monkland (including the Burghs of Coatbridge and Airdrie) and the Shettleston district of Cadder parish.

Dalton, which serves the parishes of Cambuslang, Blantyre, and East Kilbride, and the Burgh of Rutherglen.

Woodburn, which serves the Burgh of Hamilton and the parishes of Dalserf and Hamilton.

Knowetop, which serves the Burgh of Motherwell and Wishaw ; the parishes of Dalziel and Cambusnethan ; the Newarthill and Carfin districts of Bothwell parish ; the Allanton, Shotts and Cleland districts of Shotts parish, and Law district of Carluke parish.

As was indicated in last year's report, the extensions to Knowetop Special School enable the Committee to provide for the education of invalid children in certain outlying districts where, formerly, no such special facilities existed, and at the commencement of the session 1936-37 pupils from all of these districts commenced attendance at the special school. This necessitated the provision of an additional motor bus for the conveyance of these children to and from school.

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye Conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Lupus.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.	Whooping Cough.
COUNTY	4	20	159	51	12	4	—	5	1	3	—	—	13	—	1
BURGHS—															
Airdrie	13	7	137	90	8	7	—	—	—	—	—	1	—	—	1
Biggar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Coatbridge	—	4	59	41	13	8	—	1	—	—	—	—	1	—	1
Hamilton	1	15	141	18	8	1	2	2	—	4	—	—	5	—	—
Motherwell, Wishaw	2	1	68	82	12	4	—	—	—	—	—	—	6	—	—
Lanark	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rutherglen	—	—	18	3	1	1	—	—	—	—	—	—	6	1	—
TOTAL	20	47	582	285	54	25	2	8	1	7	—	1	31	1	3



The total number of physically invalid children on the roll of the four special schools as at 31st July, 1937, was **701**. Thus :— Drumpark, 198 ; Dalton, 176 ; Woodburn, 163 (which includes 34 deaf-mute pupils) ; Knowetop, 164.

In addition to the physically invalid pupils at the Committee's special schools, a considerable number of pupils who, on account of special disability or unsuitability of residence, are unable to attend these schools are educated at certain residential institutions, *e.g.*, blind, deaf-mutes, epileptic subjects, certain heart cases, etc. The number of physically invalid children receiving education in residential Institutions is as follows :—

St. Vincent's Institution for Blind and Deaf-Mutes, Tollcross, 	23
Edinburgh Royal Blind School, 	19
Edinburgh Royal Deaf and Dumb Institution, 	12
Donaldson's Hospital, Edinburgh (Deaf-Mutes), ...	4
Eastpark Home for Infirm Children, Glasgow, 	22
Colony for Epileptics, Bridge of Weir, 	3
Total, 	83

Of the physically invalid children on the roll of the Committee's four special schools who left during the year, either on attaining the age limit or by special exemption, it is satisfactory to note that 16 are known to have obtained suitable employment. In addition, several of the girl pupils are now regularly engaged in house-keeping duties at home or for relatives.

It has frequently been asked what type of physical disability entitles a pupil to admission to the Committee's special schools, but this is a question that does not permit of a ready answer. Generally speaking, the special schools make provision for those children who, on account of physical infirmity, are unable to attend the ordinary school without detriment to their health or without detriment to the other children in the class. It must be clearly understood, however, that there are many types of physical disability which are not suitable for special day school education. For example, no child suffering from infectious or contagious disease is admitted, nor can such cases as severe epilepsy, incontinence of urine or faeces, severe heart disorder, extreme paralysis, etc., be considered as suitable pupils. A great many of the children are admitted on account of temporary physical unfitness, *e.g.*, debility resulting from some acute or prolonged illness. This type of child does remarkably well at the special school and is generally able to resume ordinary school attendance at some subsequent date. An analysis was made towards the end of the present session of all cases of physical disability on the

roll of the four special schools and this yielded the following interesting details, the numbers of all four schools being combined :—

Nature of Disability.	Boys.	Girls.
Anaemia and debility,	100	113
Heart affections (congenital and acquired),	31	47
Chronic Inflammatory Eye Conditions,	5	21
Defective Vision (High Myopia, etc.), ...	27	28
Chronic Ear Disease,	2	1
Defective Speech,	6	1
Chronic Bronchitis and Asthma, ...	46	38
Chorea (St. Vitus' Dance),	12	12
Epilepsy (Petit Mal.),	13	14
Infantile Paralysis,	18	18
Other forms of Paralysis,	9	9
Osseous Tuberculosis (Quiescent), ...	18	15
Other forms of Surgical Tuberculosis, ...	5	6
Rickets,	12	16
Congenital Deformities,	6	11
Accidental loss of limb,	3	—
Chronic Skin Disorders,	11	5
Nervousness,	4	3
Hydrocephalus,	2	1
Osteomyelitis (chronic),	2	3
Impairment of function following accident,	2	1
Partial collapse of one lung,	1	1
Cystitis,	1	1
Nasal Tumour,	—	1
Antrum Disease,	—	1
Hypothyroidism,	—	1
Retarded Development,	—	1
Nephritis (chronic),	1	—
Bronchiectasis,	1	—
Glandular Abscess (non-tubercular), ...	—	1
Acidosis,	—	1
Rheumatism (chronic),	—	1
Splenectomy,	1	—
Total, ...	<u>339</u>	<u>372</u>

2. MENTALLY INVALID CHILDREN.

At each of the Committee's four special schools provision is made for the education of mentally retarded children. The total number of these pupils on the roll as at 31st July, 1937, was 308 ; thus :—Drumpark, 112 ; Dalton, 59 ; Woodburn, 66 ; Knowetop, 71.

In addition to the foregoing, **18** mentally invalid children receive education in residential Institutions, thus :—Larbert Institution, **1** ; Birkwood Institution (Lesmahagow), **15** ; St. Charles' Institution (Carstairs), **2**.

Each of the Committee's four special schools has an After-Care Centre. These centres are maintained by voluntary effort and serve an excellent purpose. Of the mentally invalid children who left school during the past year, either on attaining age limit or by special exemption, it is known that **12** obtained suitable employment.

3. BLIND AND PARTIALLY BLIND CHILDREN.

The education of blind children in the County is wholly undertaken at residential Institutions, viz., at St. Vincent's Institution, Tollcross, and at the Royal Blind Asylum, Edinburgh. The former Institution is situated within the County and serves the needs of the Roman Catholic children, whilst the children of Protestant parents receive their education at Edinburgh.

At three of the Committee's special schools—Drumpark, Dalton, and Knowetop—there are classes for the education of high myopes. These are children who, not being blind, yet suffer from such a marked degree of visual impairment that they cannot take full advantage of the education provided at an ordinary school. All the myopic children are under the regular supervision of the Committee's ophthalmic surgeons. The number of children on the roll of these classes is **51**.

4. DEAF AND DEAF-MUTE CHILDREN.

There are two centres within the educational area at which education of deaf or deaf-mute children is undertaken, viz., at Woodburn Special School, Hamilton, and at St. Vincent's Institution, Tollcross. The former is a day school only but the latter is a residential school. Where attendance at Woodburn Deaf-Mute School is not convenient, the children of Protestant parents are sent for education either to the Edinburgh Royal Deaf and Dumb Institution or to Donaldson's Hospital, Edinburgh. The number of deaf or deaf-mute children in the County at present being educated at these schools is as follows :—

Woodburn (Hamilton),	...	...	...	...	...	34
Edinburgh Royal Deaf and Dumb Institution,	...	...	...	...	...	12
Donaldson's Hospital, Edinburgh,	...	...	...	...	...	4
St. Vincent's Institution, Tollcross,	...	...	...	...	...	20
Total,	...	...	...	...	...	70

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For detailed account of the arrangements in force for the physical education of pupils, see Report for year 1929-30.

X.

ARRANGEMENTS FOR FEEDING CHILDREN.

As this matter has been dealt with in previous reports, the following is merely a brief summary of the procedure followed.

1. All children in attendance at the special schools for invalid children are provided with a forenoon snack of biscuit or bread and milk and a two-course hot dinner at mid-day. The cost to the children is 3d. a day. Where the financial circumstances of the parents justify it, the meals may be given free. In view of the prominence given to the recent schemes for providing milk for school children, it should be noted that a daily ration of milk has been given to all children in attendance at the Committee's special schools ever since these schools have been established.

2. The Committee provides food to all children in attendance at school who are necessitous in terms of Section 6 of the Education (Scotland) Act, 1908. For some years it has been the writer's practice to make every endeavour to have such children admitted to the special schools for the period of their necessity so that it can be assured that the children will obtain not only ample nourishing food but also additional tonic food. It may be stated, in passing, that the practice of giving additional tonic food to, practically, every physically invalid child in attendance at the Committee's special schools has been in force for many years.

The total number of meals provided to children during the year under review was **155,933**.

3. Most of the secondary schools have a regular buffet attached, where a hot mid-day meal may be obtained at a very reasonable cost.

4. In many of the rural schools provision is made for the supplying, at a nominal cost, of hot tea or cocoa to those children who reside at a long distance from the school.

At the present time the Committee have under consideration a scheme for providing hot mid-day meals to children attending ordinary schools, and in order to ascertain to what extent advantage will be taken of the scheme and also to obtain experience with a possible view to extension of the scheme to other areas, a district (Bellshill) in No. 6 School Management Area has been selected for the trying out of the plan. A site has been selected for the setting up of a cooking centre and building plans prepared, and it is hoped that the scheme will, before long, be in operation.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

The Committee's present scheme of treatment of school children embraces visual, dental, ear, nose and throat, and minor ailments treatment, and the extent to which these services are being appreciated is shown in those sections of this report which deal with the various branches of treatment. The treatment is conducted at the Committee's own clinics or, by arrangement, at certain County and Burgh clinics. An interesting and very satisfactory development of the scheme of treatment took place during the past year in the treatment for diseases of the ear, nose and throat, which is well worthy of putting on record as showing what can be achieved even in rather remote country districts.

In October, 1936, a communication was received from the Secretary of The Lady Home Cottage Hospital, Douglas, intimating that the managers of the hospital had decided to provide facilities in the hospital for the treatment of ear, nose and throat diseases and indicating that they were prepared to consider allowing the Education Committee to avail themselves of these facilities for the treatment of school children requiring operation for tonsils and adenoids, nasal obstruction, etc. The managers had made arrangements for obtaining the services of a visiting ear, nose and throat specialist from Glasgow, and the opportunity of obtaining expert surgical treatment in outlying districts appeared to be one that should not be neglected. Consequently, the Committee decided that the offer made by the Managers of The Lady Home Cottage Hospital should be accepted, as it presented an opportunity of meeting a need which had existed for a long time in the Upper Ward of the County. Terms of payment were adjusted without difficulty and the scheme, now in operation, has proved an undoubted success. It may be said, in passing, that the Public Health Committee have also taken advantage of the facilities at this hospital for the treatment of children of pre-school age under their maternity and child welfare scheme. The area covered by the scheme meantime embraces the districts of Douglas, Douglas Water, Douglas West, Rigside, and Glespin, but it is possible that this area may be extended.

At the present time a great national crusade is about to be declared in regard to the health of the people and already the air is clamorous with exhortations to "Keep Fit." But fitness has first of all to be attained before it can be preserved and the slogan should, properly, be "Get Fit and Keep Fit." It is clear that if national fitness is to be achieved every factor that will attain this object must be employed and the fullest advantage should be taken by the public of every hospital, institution, and clinic. But facilities must be available to the public, and it is not certain that all hospitals are offering these facilities to their fullest extent, probably because no special demand has been made for them.

It can confidently be stated that where facilities for treatment are available and this is made known to the public a response will

certainly be forthcoming. This response may not be quite so immediate and complete as one might wish for, but it will only be a matter of time before the most encouraging results are obtained. This is clearly demonstrated in the Education Committee's schemes of dental, visual, minor ailments, and ear, nose and throat treatment, all of which had modest beginnings but rapidly attained their present dimensions.

There is no period in the life of a human being more important than childhood for the laying of the foundations of a healthy and vigorous manhood and every effort should be made to place children in the most favourable position possible to combat illness and to permit of a natural, healthy development. To defer taking active steps till the period of adolescence is fraught with danger and will frequently result in disappointment. One of the most outstanding of defensive measures to be taken is in regard to the dental condition of children. A very great deal has been done in this County in giving the school children healthy mouths, but much still remains to be done. A clean, healthy mouth and sound teeth mean good mastication of food, good digestion, good appetite, freedom from pain, good colour, alertness, and sound sleep, and all these blessings may be obtained *free of cost*.

There is probably no section of the public that has greater influence over children than the members of the teaching profession. This influence is by no means confined to purely scholastic matters but may be exercised in regard to the physical, as well as the mental, destiny of the children under their care. The teaching profession wield an influence, perhaps unconsciously, oftentimes far greater even than that exercised by the parents, and it is to the individual class teachers that a special appeal is made to exercise that influence to the fullest extent in encouraging their pupils to take abundant advantage of the medical services offered at school and, in particular, of the dental service. Too often at home the child is the arbiter of what is necessary but, in school, children cease to become little dictators and are willing to accept the ruling of a higher authority. Health agencies may send expert lecturers and demonstrators to tour the schools and give excellent advice to the children, school medical officers may earnestly exhort, and posters and leaflets may advocate, in arresting phrases, the advantages of such and such treatment, but without the active, whole-hearted co-operation of the teaching profession all these efforts in school will fail to reach anything approaching full fruition. This may seem to be placing an undue responsibility on the teaching profession, but it is the writer's firm conviction after long experience in the school health service.

In addition to the various branches of treatment enumerated, a considerable amount of orthopaedic treatment was undertaken at certain public institutions, especially at the Royal Hospital for Sick Children, Glasgow, and at Stonehouse Orthopaedic Hospital. During the course of the year the Committee sanctioned the provision of special boots, splints, and other appliances in 76 cases at a cost of £183.

REPORT ON VISUAL TREATMENT.

The routine treatment and supervision of school children at the visual clinics by the Committee's eye specialists continue to be conducted with regularity and absence of difficulty. The preliminary testing of children's vision at school by the school medical officers, the passing on to the ophthalmic surgeons of those cases suspected of requiring expert attention, the prescribing of glasses or other treatment by the specialist, and the subsequent supervision of these children, have for many years been a regular practice and the procedure has now become firmly established as an integral part of the school routine. The work at the ophthalmic clinics, although largely confined to the prescribing of spectacles, is by no means limited to that branch of ophthalmology and frequently cases are discovered where serious constitutional disease—hitherto unsuspected—is present or where operative treatment requires to be carried out. All such cases are immediately dealt with. The subsequent supervision of all children who come under the care of the ophthalmic surgeons is one of the most important parts of the scheme of visual treatment and this supervision is continuous throughout the whole school life of the pupil, no matter in which part of the County the child may reside or to which school he may transfer.

Tables C, D, and E show in detail the numbers of children treated, the numbers re-examined, those for whom spectacles were prescribed, the nature of the refractive errors from which the children suffered, and the principal eye conditions, other than refraction errors, discovered at the clinics. The thoroughness of the preliminary examination at school by the visiting medical officers who select the cases which are to appear before the ophthalmic surgeons for fuller investigation is exemplified in the fact that out of 3,118 new cases appearing at the clinics only a negligible number were found who did not require attention. The dispensing of the spectacles prescribed continues to be very satisfactorily carried out by the various opticians.

During the year under review, **3,118** children received a full ophthalmic examination by the eye specialists and **4,984** came under their care for re-examination, the total attendances at the clinics amounting to **8,102**. Of the 3,118 cases examined, 2,766, or 88·7 cent., were found to require correcting glasses. Those children for whom glasses were not prescribed either did not require them or their vision was too defective for glasses to assist them, or, it may be, operative treatment was necessary.

Table D is instructive as showing the varied conditions met with at the clinics, apart from refraction errors, and in addition to those shown in the table several other diseases or malformations of an interesting nature were encountered, amongst which were 5 cases of lenticular opacity, 3 cases of persistent hyaloid artery, 3 cases of chalazion, and one each of the following:—Dacryocystitis, opaque nerve fibres, anophthalmos, aphakia, medullated nerve fibres, traumatic choroiditis, corneal birth injury, microphthalmos, vulnus

oculi, adherent iris, conical cornea, anterior synechia, congenital muscular defect.

Several cases which could not well be treated at the Committee's clinics were dealt with at Glasgow Eye Infirmary. Thanks are due to this Institution for dealing with certain cases requiring operative treatment and for carrying out certain blood tests and X-ray examinations. A few cases were also referred to the County V.D. Officer for the Wassermann test and subsequent treatment if found necessary.

The following extracts are taken from reports submitted by the Committee's ophthalmic surgeons on the work conducted by them during the year :—

(DR. H. SOMERVILLE MARTYN).

CENTRES :

Abington, Airdrie, Baillieston, Bellshill, Biggar, Cambuslang, Carnwath, Lesmahagow, Rutherglen, and Dalton and Drumpark Special Schools.

In pursuance of comments in last year's report on the value, in cases of strabismus, of blanking the good eye and educating the defective eye, I have selected, as examples of what may be achieved by co-operation and perseverance of child and parent, the most marked cases of improvement in direct visual acuity. Cases of improvement by two lines of Snellen (or less) have been omitted with the exception of 6/12 to 6/6 but it should be remembered that many of these are on the way to marked improvement but have not yet had sufficient time, whilst others show only slight improvement from failure to exercise daily the defective eye. This failure is not a mere matter of conjecture on the part of the ophthalmic surgeon but of frequent admission by child or parent, or both. The demeanour of child and parent, especially the latter, at the time advice is given by the surgeon, varies in different personalities from lively interest and anticipation to utter apathy and indifference, and even, in some cases, evident boredom, and the degree of progress or consequent absence of progress can be in most cases predetermined. Difference in domestic conditions no doubt make the daily exercise less difficult in some homes than in others, and in no case is constant daily exercise easy. To acquire a useful eye in place of a semi-blind one, the will and determination to acquire are prerequisites, and to him that hath (determination) shall be given (a useful eye).

The total number of convergent squints (exclusive of alternating) seen during the year was 283. The following table of 36 cases is

TABLE A.—ALL PUPILS EXAMINED AT THE SYSTEMATIC EXAMINATION FOR THE
YEAR ENDED 31st JULY, 1937.

SCHOOL MANAGEMENT COMMITTEES.			SCHOLARS EXAMINED IN EACH GROUP.										* Conditions Notified.	Average Number of Scholars on Register.			
			Infants (6 years).		Age Group (9 years).		Seniors (12 years).		Higher Grade (16 years).		Selected Cases.				TOTAL.		
			Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.					
Number	1	...	...	70	47	51	60	68	61	8	14	40	60	479	104	1207	
	„	2	...	...	127	121	134	129	127	142	4	6	75	90	955	338	2425
	„	3	...	...	244	224	298	248	298	255	20	14	94	124	1819	498	5045
	„	4	...	...	272	298	278	258	255	282	33	15	184	214	2089	799	5279
	„	5	...	...	188	193	213	190	174	169	6	4	89	94	1320	787	3526
	„	6	...	...	571	598	560	617	564	647	62	42	476	485	4622	1884	11528
	„	7	...	...	357	360	387	363	299	320	10	7	158	164	2425	1027	6592
	„	8	...	...	271	283	286	254	237	272	3	—	164	176	1946	760	5292
	„	9	...	...	497	535	520	507	419	436	10	6	236	227	3393	1482	9273
	„	10	...	...	318	285	293	311	317	225	47	45	151	147	2139	1027	5676
	„	11	...	...	395	401	423	382	499	486	67	35	261	252	3201	1702	8623
	„	12	...	...	453	429	400	387	490	447	114	66	258	265	3309	1269	8858
	„	13	...	...	583	618	573	565	883	748	197	106	290	310	4873	1525	13125
	„	14	...	...	230	236	248	242	277	277	28	29	117	115	1799	553	4854
TOTAL			...	4576	4628	4664	4513	4907	4767	609	389	1593	2723	34369	13755	91303	

* Defective Teeth not included.

SHOWING THE REMEDIAL MEASURES INSTITUTED.

SCHOOL MANAGEMENT. COMMITTEES.				Clothing and Footgear.		CLEANLINESS.								CONDITION OF SKIN.								NUTRITION		NOSE.		THROAT.				Lymphatic Glands.	External Eye Disease.	Squint.	Vision.	Ear Diseases, Wax, etc.	Hearing.	Heart and Circulation	Lungs.	Nervous System.	Tuber- culosis (Non-Pul- monary).	Other Conditions		Total Number of Children Notified.	Number of Children Receiving Attention.	Total Number of Conditions Notified.	Total Conditions Remedied										
						Nasal Obstruction, etc.		Tonsils.		Adenoids.																																													
						Head.				Body.				Impetigo.	Ringworm.		Scabies.		Other Diseases.																																				
				Nits & Dirty.		Lice.		Nits & Dirty.		Lice.																																													
Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Received Medical Attention.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Received Medical Attention.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.								
Number	1	1	1	7	3	4	3	5	3	—	—	2	—	2	—	—	—	1	1	—	—	3	3	15	10	4	3	1	—	4	4	3	2	43	37	2	1	—	—	4	1	—	—	—	—	—	—	3	—	81	56	104	72	
"	2	9	7	19	15	8	7	4	3	—	—	20	15	1	1	3	1	9	5	—	—	2	1	74	38	38	19	7	6	23	21	4	2	63	47	9	8	1	1	24	9	2	1	2	1	5	5	11	6	255	171	338	219	
"	3	12	6	76	53	28	17	8	2	—	—	2	2	—	—	—	—	7	6	3	—	3	1	72	47	28	17	7	2	7	5	36	31	148	108	16	9	—	—	26	11	4	3	4	—	—	—	11	6	384	262	498	326	
"	4	6	5	44	35	12	8	7	5	—	—	50	44	—	—	5	5	27	26	1	1	8	3	139	58	65	24	15	8	48	32	55	49	298	161	23	20	1	—	31	14	23	11	5	4	5	3	21	18	617	420	799	534	
"	5	32	27	66	37	27	18	22	14	3	1	56	48	1	1	3	3	56	46	30	23	5	2	130	40	77	24	2	2	38	33	87	53	81	46	7	4	—	—	32	20	1	1	3	—	—	—	28	15	511	325	787	458	
"	6	60	47	175	105	70	35	47	34	9	5	67	47	—	—	25	18	36	23	15	8	15	10	296	141	116	50	21	19	212	162	126	80	366	243	70	55	7	2	53	32	14	9	2	—	1	—	81	58	1396	889	1884	1183	
"	7	27	16	110	70	41	27	16	8	—	—	25	19	—	—	3	3	25	17	29	23	10	4	173	85	98	43	8	7	62	39	95	63	162	104	24	15	1	—	49	14	12	7	5	1	1	1	51	24	723	437	1027	590	
"	8	18	16	86	64	23	16	22	15	4	1	23	19	—	—	1	—	30	24	6	6	12	10	112	52	43	18	9	7	74	62	53	33	129	80	30	27	1	1	37	27	4	3	2	2	1	1	40	30	560	366	760	514	
"	9	56	26	123	48	38	15	44	17	12	2	51	39	1	—	25	24	34	24	23	16	31	16	338	139	125	46	15	12	69	52	73	38	257	181	46	26	11	3	56	24	6	4	5	2	4	3	39	12	1087	655	1482	769	
"	10	32	17	96	34	27	12	30	10	9	5	78	59	1	1	13	10	53	43	3	2	23	17	203	96	70	37	9	5	54	35	48	35	186	126	32	21	—	—	22	13	10	7	2	—	—	—	26	14	759	466	1027	599	
"	11	71	53	164	89	61	29	51	24	23	16	67	53	1	1	14	9	48	39	29	24	43	20	217	100	98	46	19	14	95	68	99	67	373	236	70	52	6	1	55	26	25	17	9	1	6	2	58	23	1196	761	1702	1010	
"	12	25	20	122	96	60	38	26	20	11	6	56	48	—	—	9	8	27	18	1	1	11	6	189	98	94	53	20	16	80	60	76	59	334	253	37	26	4	2	29	12	13	9	6	3	6	4	33	18	951	662	1269	874	
"	13	62	41	236	168	151	108	55	34	2	2	14	12	1	—	11	9	89	79	6	2	9	5	146	66	47	22	10	8	54	44	63	55	438	333	41	26	3	1	27	12	15	15	2	1	4	2	39	22	1086	793	1525	1058	
"	14	11	11	70	53	19	8	12	12	3	1	14	11	—	—	2	2	15	11	1	—	11	9	81	48	23	12	9	8	46	46	36	27	137	91	13	11	3	2	27	21	7	6	—	—	—	—	13	10	447	317	553	400	
TOTAL			...	422	293	1394	870	569	341	349	201	76	39	525	416	8	4	114	92	457	353	147	106	186	107	2185	1018	926	414	152	114	866	663	854	594	2925	2046	420	301	38	13	472	236	136	93	47	15	33	21	454	256	10053	6580	13755	8606

VISUAL TREATMENT

TABLE C.—Showing (a) Total Number of Cases Examined ; (b) Number Revisited ; (c) Total Attendances at Clinic ; (d) Number Treated by Glasses ; (e) Number Treated Otherwise or Advised ; (f) Number Uncompleted and not requiring Treatment. Year ended 31st July, 1937.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Re-examined.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted and Cases not requiring Treatment.
Dr. JOHN A. MORTIMER.						
Blantyre	89	170	259	74	15	—
Cadder	64	43	107	56	8	—
(Bishopbriggs and Chryston)						
Carlisle	52	91	143	50	2	—
East Kilbride	9	14	23	8	1	—
Lanark	98	116	214	88	10	—
Larkhall	132	152	284	127	5	—
Shotts	102	115	217	84	18	—
Strathaven	35	38	73	35	—	—
Uddingston	116	179	295	113	3	—
Wishaw	247	348	595	228	19	—
Knowetop Special School ...	24	49	73	21	3	—
Dr. H. SOMERVILLE MARTYN						
Abington	8	15	23	4	—	4
Airdrie	339	558	897	285	54	—
Baillieston	109	246	355	89	13	7
Bellshill	259	551	810	226	30	3
Biggar	29	23	52	27	2	—
Cambuslang	114	292	406	101	10	3
Carnwath	23	48	71	18	5	—
Lesmahagow	44	102	146	34	3	7
Rutherglen	139	381	520	123	13	3
Dalton Special School ...	21	30	51	14	6	1
Drumpark Special School ...	25	46	71	20	5	—
Dr. JAMES HILL.						
Motherwell	385	565	950	337	47	1
Dr. JAMES R. WATSON.						
Coatbridge	328	346	674	303	25	—
Hamilton	327	466	793	301	26	—
TOTAL	3118	4984	8102	2766	323	29

VISUAL TREATMENT

TABLE SHOWING CONDITIONS, OTHER THAN REFRACTION ERRORS, WHETHER TREATED OR ADVISED.

CLINIC.	Squint (Convergent).		Squint (Divergent).		Corneal Opacity.		Elephacitis and Conjunctivitis.		Phlyctenular Conjunctivitis.		Cataract.		Nystagnus.		Choroido-Retinal Changes (Myopic).		Do. other than Myopic.		Optic Neuritis.		Keratitis.		Congenital Dislocation of Lenses.		Hordeolum.		Optic Atrophy.		Ptosis.		Pseudo Neuritis.		Ocular Paralysis.		Sequelae of Iritis.		Vitreous Opacities.		Cobeboma of Iris and Chored.		Leucoma Adherens.		Detachment of Retina.		Squint (Alternating).		Papillary Membrane.		Epiphora.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.				
Dr. JOHN A. MORTIMER.																																																		
Blantyre,	14	15	—	1	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Cadder,	6	5	1	—	3	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(Bishopbriggs and Chryston)																																																		
Carlisle,	8	7	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
East Kilbride,	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Lanark,	7	8	1	1	3	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Larkhall,	11	14	—	—	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Shotts,	15	15	—	—	1	2	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Strathaven,	3	4	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Uddingston,	13	10	—	1	3	1	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Wishaw,	31	28	1	—	5	2	2	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Knowetop Special School,	3	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Dr. H. SOMERVILLE MARTYN.																																																		
Abington,	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Airdrie,	44	43	—	—	7	14	10	9	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Baillieston,	14	9	—	—	2	3	2	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Bellshill,	36	39	3	1	15	6	5	6	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Biggar,	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Cambsuslang,	19	16	1	—	6	5	5	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Carnwath,	3	4	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Lesmahagow,	6	4	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Rutherglen,	15	20	3	—	6	5	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Dalton Special School,	4	1	1	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Drumpark Special School,	2	3	—	1	3	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Dr. JAMES HILL.																																																		
Motherwell,	32	35	1	3	5	7	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dr. JAMES R. WATSON.																																																		
Coatbridge,	29	28	1	—	—	1	2	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hamilton,	32	32	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
GRAND TOTAL,	351	342	16	10	67	69	38	37	11	11	22	11	12	13	8	3	10	10	1	—	1	1	—	—	3	3	4	—	5	3	4	2	3	3	2	6	2	—	2	7	2	1	1	—	28	26	13	7	—	—

TABLE E.

VISUAL TREATMENT.

SHOWING THE NATURE OF THE REFRACTION ERROR IN THOSE CASES TREATED BY SPECTACLES, AND THE NUMBER OF CASES EXAMINED.

CLINIC.	1 Hypermetropia.				2 Hypermetropic Astigmatism (Simple and Compound).				3 Myopia.				4 Myopic Astigmatism (Simple and Compound).				5 Mixed Astigmatism.				6 Eyes not Requiring Correction or too Defective for Correction.				7 Cases not Completed.				TOTAL.		
	R.	Boys. L.	R.	Girls. L.	R.	Boys. L.	R.	Girls. L.	R.	Boys. L.	R.	Girls. L.	R.	Boys. L.	R.	Girls. L.	R.	Boys. L.	R.	Girls. L.	R.	Boys. L.	R.	Girls. L.	R.	Boys. L.	R.	Girls. L.	Boys.	Girls.	
Dr. JOHN A. MORTIMER.																															
Blantyre,	17	17	19	22	7	8	17	16	3	4	2	1	1	—	6	5	1	—	1	1	8	8	7	7	—	—	—	—	37	52	
Cadder, (Bishopbriggs and Chryston)	8	9	13	11	16	15	7	8	2	2	2	2	2	1	6	6	1	1	—	1	6	7	1	1	—	—	—	—	35	29	
Carlisle,	14	17	11	12	7	5	8	7	3	3	1	1	4	3	1	1	1	—	1	1	—	1	1	1	—	—	—	—	29	23	
East Kilbride,	4	4	2	—	—	—	—	2	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	3	
Lanark,	10	10	12	11	12	12	23	25	6	8	5	6	7	7	8	7	3	2	2	2	8	7	2	1	—	—	—	—	46	52	
Larkhall,	20	17	24	25	22	24	40	42	2	2	5	5	5	5	5	6	—	—	5	1	1	2	3	3	—	—	—	—	50	82	
Shotts,	20	22	17	18	17	16	15	15	2	3	4	4	—	—	8	7	—	—	2	1	9	7	8	9	—	—	—	—	48	54	
Strathaven,	7	5	8	8	7	9	7	7	1	1	2	2	3	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	18	17	
Uddingston,	16	14	24	22	15	16	22	23	5	6	15	12	4	3	12	14	—	1	—	2	3	3	—	—	—	—	—	—	43	73	
Wishaw,	42	44	42	42	41	38	51	53	10	11	10	7	14	13	12	14	2	2	5	4	7	8	11	11	—	—	—	—	116	131	
Knowetop Special School,	4	3	4	3	2	3	5	5	—	—	—	—	2	2	4	4	—	—	—	1	1	1	2	2	—	—	—	—	9	15	
Dr. H. SOMERVILLE MARTYN.																															
Abington,	—	—	—	—	2	2	1	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	4	4	—	—	6	2
Airdrie,	26	23	26	24	78	88	70	70	10	11	13	14	16	13	25	22	10	10	13	15	27	22	25	27	—	—	—	—	167	172	
Baillieston,	14	13	10	10	15	16	17	21	3	3	7	4	6	5	3	4	2	3	12	10	3	3	10	10	4	4	3	3	47	62	
Bellshill,	22	18	23	16	58	63	61	61	11	9	3	2	15	16	13	17	8	8	12	16	17	17	13	13	3	3	—	—	134	125	
Biggar,	—	—	13	11	3	4	5	5	3	2	1	—	1	2	2	3	1	—	—	—	—	—	—	2	—	—	—	—	8	21	
Cambuslang,	10	13	10	8	26	23	30	34	—	—	—	1	7	8	8	7	5	4	5	3	5	5	5	5	3	3	—	—	56	58	
Carnwath,	2	1	5	4	1	1	3	4	1	—	—	—	1	3	1	2	3	3	1	—	4	4	1	1	—	—	—	—	12	11	
Lesmahagow,	4	4	8	8	4	4	11	11	—	—	1	1	1	1	3	4	1	1	1	—	3	3	—	—	2	2	5	5	15	29	
Rutherglen,	8	9	18	6	29	28	25	36	6	4	6	3	8	11	12	13	7	6	4	7	10	10	3	3	—	—	3	3	68	71	
Dalton Special School, ...	1	2	—	—	2	1	2	2	2	1	—	—	4	5	2	2	—	—	1	1	5	5	1	1	1	1	—	—	15	6	
Drumpark Special School,	1	2	1	4	9	6	5	3	—	—	—	—	2	2	4	3	—	—	—	—	1	3	2	2	—	—	—	—	13	12	
Dr. JAMES HILL.																															
Motherwell,	58	61	72	75	58	58	70	65	20	18	9	11	9	10	15	12	12	10	14	18	24	24	23	22	1	1	—	—	182	203	
Dr. JAMES R. WATSON.																															
Coatbridge,	40	29	29	24	82	91	78	86	16	11	21	24	9	7	14	14	3	7	16	11	9	14	11	10	—	—	—	—	159	169	
Hamilton,	29	19	31	32	58	71	84	90	16	16	31	33	11	11	15	11	11	9	15	13	12	11	14	11	—	—	—	—	137	190	
Total,	377	356	422	396	571	602	657	692	123	116	139	133	133	131	179	179	71	68	110	108	163	165	144	143	18	18	11	11	1456	1662	

NOTE.—All the cases examined are included in this Table, whether Spectacles were prescribed or not. If no Spectacles were prescribed, the eyes are recorded in one or other of the Columns 6 or 7

some indication of what may be achieved by perseverance with home treatment.—

No. of Cases.	2	2	3	1	2	1	2	3	1	4	2	3	1	2	2	5
Degree of original defect.	Fingers at a foot.	$\frac{2}{60}$	$\frac{3}{60}$	$\frac{4}{60}$	$\frac{4}{60}$	$\frac{5}{60}$	$\frac{6}{60}$	$\frac{6}{60}$	$\frac{6}{36}$	$\frac{6}{36}$	$\frac{6}{24}$	$\frac{6}{24}$	$\frac{6}{24}$	$\frac{6}{18}$	$\frac{6}{18}$	$\frac{6}{12}$
Vision subsequently got.	$\frac{2}{60}$ and $\frac{6}{24}$	$\frac{6}{6}$ and $\frac{6}{24}$	$\frac{6}{9}$	$\frac{6}{9}$	$\frac{6}{12}$	$\frac{6}{6}$	$\frac{6}{9}$ and $\frac{6}{12}$	$\frac{6}{6}$	$\frac{6}{6}$	$\frac{6}{12}$	$\frac{6}{6}$	$\frac{6}{9}$	$\frac{6}{12}$	$\frac{6}{6}$	$\frac{6}{9}$	$\frac{6}{6}$

Prescriptions for the year have been well executed by the respective opticians and frames well fitted.

The assistance of both nurses has been very helpful, whilst the facilities of the Glasgow Eye Infirmary in special cases have been most helpful at the hands of my colleague, Dr. Mortimer.

Total number of children subjected to full ophthalmoscopic examination, 1,110 ; number re-examined, 2,292.

(DR. JOHN A. MORTIMER).

CENTRES :

Bishopbriggs, Blantyre, Carlisle, Chryston, East Kilbride, Lanark, Larkhall, Shotts, Strathaven, Uddingston, Wishaw, Knowetop Special School.

The summary of work done during the current year shows that there has been an excellent and continued response to the benefits made available by the Education Committee for the correction and alleviation of eye defects and diseases in school children. In the above areas during the past session, 968 children were examined and treated and 1,315 were revisited. Out of the total of 968 children treated there were 94 more girls than boys, showing that the preponderance of girls over boys requiring ophthalmic treatment continues.

Although there is nothing special to report in connection with the work of the past year, yet, in reviewing it, several thoughts of interest arise in the writer's mind about which he would like to say a few words :—

(a) The importance of recognising that the child with defective or seriously impaired vision is at a distinct disadvantage. Whatever the reaction of the child to his defect, or his accomplishment, the defect itself does not favour the normal growth and development of the child during the important developmental period. With the early correction of the remediable visual defects his growth and

development proceed at a rate that is remarkable in the light of previous handicaps.

(b) That the treatment of squint should begin at the earliest possible age and consists in (1) prevention of amblyopia, (2) correction of errors of refraction, (3) orthoptic training, (4) operation for gross errors of muscle balance.

(c) The supreme importance of revisiting, first to ensure the maximum opportunity for eye health during the school career, and secondly for explaining to the parents the results and the giving of advice derived from the eye examination. This "follow up" of visual defects should be continuous from the pre-school period until the child is established in a calling suitable to his powers. The importance of this liaison between the pre-school clinic and the school clinic is becoming more manifest as time goes on. Children are passed on to the school clinics accompanied by complete former clinical notes and one notices that they are arriving with less amblyopia and a considerably less angle of squint than when first seen at the pre-school clinic.

(d) The conclusion that this work is really worth while, especially as regards the treatment of squint, myopia and the considerable number of very interesting cases collected and referred to me during the year for further investigation and treatment at the Glasgow Eye Infirmary.

(e) The reiteration of the writer's past suggestion that it would repay readers carefully to peruse the various reports of the Education Committee's ophthalmic surgeons during the past fifteen years, when they should appreciate to what extent the excellent organisation and efficient treatment have succeeded in advancing an optimum eye health programme for the children of Lanarkshire.

(DR. JAMES R. WATSON).

CENTRES :

Coatbridge and Hamilton.

During the past session the work of these clinics has proceeded satisfactorily. There have been no very unusual or remarkable cases and the various kinds and degrees of error of refraction have been much in the ordinary proportions. From what I have observed, the proportion of myopic cases seems rather to increase, though few of them are extreme or advancing rapidly. The treatment of the myopias has always appeared to me to be the most responsible part of the work. Since the month of January, I have been keeping a record of all myopic cases seen at the revisits in order to find out to what extent these tend to become more myopic. The figures are as yet rather meagre, including only about 150 myopic eyes, but of these about 27 per cent. have advanced, many of them, however, very slightly. When my records have covered a much

larger number the results will be more reliable. In a number of cases one eye only has advanced, the other remaining stationary. One still meets some cases in which neither the parent nor the child has as much interest in carrying out instructions as they ought to have; particularly is this the case when a child has one good eye and neither parent nor child appears to wish for more. I have again to record my appreciation of the help given by the nursing staff.

The total number of cases submitted to full ophthalmic examination was 655; number re-examined, 812.

(DR. JAMES HILL).

CENTRE : Motherwell.

The work of the Motherwell Clinic proceeded smoothly despite the transfer from Merry Street School to Dalziel School. This arrangement is, I understand, only a temporary one, pending the establishing of a permanent clinic at Glencairn Public School.

The number of cases seen during 1936-37 shows a slight increase of 82 over that of last year. The relative proportion of the various refractive errors and diseases of the eyes remains about the same, but a few cases of special interest have been seen. There have been two cases of syphilitic infection diagnosed and arrangements made for treatment, and in one case a brother was also found to be infected and received treatment at the appropriate centre.

Some cases were seen where the underlying cause of defective visual acuity appeared to be nutritional, and these were advised as to diet and referred to the School Medical Officer.

One case of suspected cerebral tumour was referred to the clinic by the School Medical Officer and investigated by me at the clinic and at the Glasgow Eye Infirmary. A case of albinism was also seen and had special lenses supplied.

In my report last year, I urged that the squinting child should receive more adequate treatment, and it was with great pleasure that I found in the same issue one of my colleagues stressing that "orthoptic training would be of great value to squinters." The fact that 25 per cent. of the new cases seen at the various school clinics are squinters adds weight to the importance of the subject. In 75 per cent. of cases the squint is said to develop before four years of age, and so it is largely a pre-school problem, but the majority of squinters seen at the school clinics have not received pre-school treatment.

During the past session several school cases requiring investigation and operations have been dealt with by me at the Glasgow Eye Infirmary, to the directors of which institution thanks are due.

Total number of cases who received full ophthalmoscopic examination, 385; number of cases re-examined, 565.

DENTAL TREATMENT.

The marked success which has for so long attended the Committee's scheme of school dentistry shows no signs of lessening and, as has been indicated in recent reports, there is now a real difficulty in meeting the demand for treatment with the present dental staff. Recognising this, the Committee have sanctioned the appointment of an additional whole-time dental surgeon and this officer will commence duty at the beginning of next session. This addition to the dental staff should meet the present needs, but should the demand for treatment still further increase—and it is hoped that this will be the case—the Committee will, doubtless, sympathetically consider any further request for additional professional assistance.

The total number of children dentally *inspected* at school during the year under review amounted to **77,000**, and of this number **45,281** (22,391 boys, 22,890 girls) were found to require dental attention. The percentage of children requiring dental treatment, namely, **58·8**, shows a slight increase on the previous year's figures (57·35), but, even so, is still remarkably good when compared with the corresponding percentage from other educational areas. Moreover, it has to be remembered that the dental examinations are conducted in a very thorough manner and dental defects, even of a minor degree, are notified to the parents and treatment offered. The improvement in the dental fitness of the school children in this County was clearly demonstrated in a statistical table covering a number of years in the annual report for 1935-36.

In regard to dental *treatment* the number of school children who came under the care of the school dentists during the year just ended amounted to **22,004**, this total being made up of 10,638 boys and 11,366 girls. The preponderance of girls over boys treated is rather more emphatic on this occasion than in former years. Free treatment was afforded in **17,833** cases and a modified charge was made in **4,171** cases.

Table F shows in detail the number of children treated in each School Management Area and the nature and extent of the treatment given.

A scrutiny of the statistical tables over a period of years reveals the fact that the percentage of cases receiving conservative treatment is steadily improving. It is a tedious and rather discouraging undertaking to bring home to the parents the advantages of conservative, as opposed to radical, treatment of unsound teeth, but the persistent propaganda of the dental surgeons in this matter is slowly but surely bearing fruit, although not nearly so speedily as one might desire. In far too many instances dental treatment is held to be synonymous with wholesale extraction and anything short of complete removal of an offending tooth is considered inefficient dentistry. The prodigality of many parents in the County in parting with their children's teeth—and, incidentally, with their own—is astonishing in a race proverbially noted for the

care they exercise in conserving their material resources. This wide-spread prejudice to conservative dental treatment is one of the major problems which school dentists have to meet and, it is to be hoped, will overcome.

In last year's report (1935-36), it was stated that the Dental Board of the United Kingdom had conducted a series of lectures and demonstrations in many of the schools in this County, especially in the densely populated areas, towards the end of the school session. These demonstrations were most efficiently conducted by the Board's trained lecturers and were followed, apparently, with interest and understanding by, approximately, 8,000 pupils from the age of 11 years onwards. As the schools at which the demonstrations were given were, in many instances, not particularly noted for their enthusiasm for school dentistry in previous years, it became a matter of interest to see what effect the Dental Board's efforts would have in increasing the number of children accepting dental treatment from these schools. The statistics in this respect are interesting, if not quite satisfactory, comparison being made with the year 1935-36 (that is prior to the Board's demonstrations) and the present year's returns.

The schools selected for the Board's crusade were from the following districts:—

Larkhall, 4 schools ; Motherwell and Wishaw, 4 schools ; Bothwell parish, 3 schools ; Hamilton, 2 schools ; Blantyre, 3 schools ; Cambuslang parish, 2 schools ; Rutherglen, 4 schools ; Coatbridge, 2 schools.

The dental returns for the present year show that in Larkhall there was a definite increase in the numbers of children accepting treatment in all of the four schools ; in two of the schools were the returns specially good, the increase in one instance being 75 per cent. over the previous year. The seed had fallen on good ground.

In Bothwell parish, two of the schools concerned showed an encouraging improvement, whilst the third registered a marked fall in the numbers treated.

In Hamilton, one school showed a fair improvement in numbers, but the other was definitely poor.

In Blantyre, two of the schools gave a moderate but encouraging improvement in numbers, whilst the third was markedly lower than in the previous year.

In Rutherglen, one school showed a marked improvement, two a slight increase, but the fourth "slumped" heavily.

In Coatbridge, both schools remained, practically, *in statu quo*.

And now for the two districts where, apparently, the seed fell on stony ground. In Motherwell and Wishaw, all four schools showed a marked fall in the numbers treated this year, in one school in particular the decrease being as great as 55 per cent. compared with the previous year. Similarly, in Cambuslang parish, both schools gave very poor returns, the decrease in both cases being 52 per cent. compared with 1935-36.

It is difficult to account for this marked variation in results in the different districts, and although one may indulge in conjectures these are unprofitable and not convincing. It is just possible that had dental inspection and treatment followed hard upon the heels of the Dental Board's lecturers, when enthusiasm was apparently aroused, the results might have been more satisfactory. However, it is to be hoped that in those districts where the harvest was not forthcoming this year the case is one only of delayed germination.

Surveying the educational area as a whole, the fact that no fewer than 22,004 children were treated by the six members of the dental staff must be considered a satisfactory achievement. The statistics show a percentage of 48·6 treated of those notified, this being practically the same as the previous year when the corresponding percentage was 48·7. The rural areas, as has always been the case, gave by far the best treatment percentages, in many instances the full 100 per cent. being attained. In urban districts there are several schools which give a consistently good response, but there are others where the numbers accepting treatment fluctuate rather markedly from year to year. Nos. 1, 2 and 3 School Management Areas, which are distinctly rural in character, must be specially mentioned for their excellent returns.

The following tabular statement shows the percentage of treatment in the various School Management Areas, each area being taken as a whole :—

No. 1 Area, 82·7 ; No. 2 Area, 82·3 ; No. 3 Area, 72·4 ; No. 4 Area, 44 ; No. 5 Area, 34·4 ; No. 6 Area, 55·5 ; No. 7 Area, 57·1 ; No. 8 Area, 42·6 ; No. 9 Area, 56·9 ; No. 10 Area, 54·3 ; No. 11 Area, 47·8 ; No. 12 Area, 29·8 ; No. 13 Area, 41·2 ; No. 14 Area, 29·1.

The two areas which show the most unsatisfactory returns are both urban and are each served by a central dental clinic within reasonable walking distance from all of the schools. Whilst these two areas as a whole are disappointing, certain individual schools gave good returns, *e.g.*, Woodburn Special School (Hamilton) gave a treatment percentage of 76·1 and Farie Street School (Rutherglen) 59. This, however, only throws into bolder relief the poor response from other schools in these districts.

One outstanding factor which influences attendance at the dental clinics is the period of the year and the day of the week when treatment is conducted. For example, during the greater

part of August, when the majority of school children are still on holiday, the attendances at the clinics fall markedly. The same applies, though not to the same degree, to the clinics held on Saturday mornings, a school holiday being interpreted by the children and by many of the parents as a clinic holiday also. Moreover, attendance at the morning session of the clinic during the holiday period and on Saturdays entails an earlier rising than is considered reasonable by many, and so the opportunity for receiving treatment may be lost. (On the other hand, when it comes to operative treatment for tonsils and adenoids, the favourite time with parents for the carrying out of the treatment is during the holiday period.) It is inevitable that dental treatment should be conducted during some part of the school holidays, but with the proposed increase to the personnel of the dental staff it may be possible to offer treatment at a subsequent date to those pupils who were unavoidably prevented from attending the clinic during the school vacation. It may be said, however, that it has always been the writer's policy, where dental treatment has to be conducted during holiday periods, to select the patients from those schools where lengthy absence from home to a country or seaside resort is not the usual practice and to arrange for the holidays of the dental staff to coincide with the principal industrial holidays of the County.

The following extracts are taken from the reports submitted by the dental surgeons on the work of the session :—

Mr. Beattie (Nos. 1, 2, 3, 4, 5, 8 School Management Areas), comments on the excellent attendance of the pupils at his clinics and states that, except in the case of illness, absence was rare. The pupils were ready to respond to treatment even when such treatment had to be prolonged. He tenders his thanks to the teaching and janitorial staffs for their kindly help which means so much to the visiting staff. The following is a summary of work overtaken by him during the session :—

Total number of pupils treated, **3,685** ; extractions (temporary teeth) 6,170 ; extractions (permanent teeth) 283 ; fillings, 827 ; scaling, cleaning, dressings, where necessary.

Mr. Kerr (Nos. 8, 9, 11, 14 School Management Areas), who was unavoidably off duty for a considerable period but whose duties were temporarily undertaken by Mr. William Harvey, L.D.S., makes a strong plea for conservative treatment of children's teeth and states how difficult it is to persuade mothers to agree to fillings instead of extractions. Proper mastication is not possible unless there is a sufficiency of teeth to undertake the work. Mr. Kerr pays tribute to the willing help he received from the headmasters, teachers and janitors of the schools. The following is a summary of the work undertaken by him and Mr. Harvey during the session :—

Total number of pupils treated, **4,186** ; extractions (temporary teeth) 5,283 ; extractions (permanent teeth), 1,486 ; fillings, 1,124 ; scaling, dressings, etc., 115.

Mr. Watson (Nos. 9, 10 School Management Areas), reports that the evidence of dental fitness of the pupils is unmistakable, this being specially so amongst the pupils attending the primary schools. The returns are particularly good where the actual treatment is carried out in the pupils' own school, whereas centralised dental clinics do not make the same appeal to the children. Mr. Watson comments on the poor response to the offer of treatment received from the pupils of secondary schools, many of whom declare that they intend being treated by their private dentists, but whose dental state, as found at the next school inspection, clearly indicates that, in the majority of cases, no treatment has been received. During the session the prevalence of influenza adversely affected the attendance at the treatment clinics in several schools. Mr. Watson expresses his gratitude to the headmasters and teachers who willingly granted him the use of their rooms for inspection and treatment of the pupils and to the janitors for the clean and tidy condition in which the clinics were kept. The following is a summary of the work undertaken during the past year :—

Total number of pupils treated, **3,753** ; extractions (temporary teeth), 5,294 ; extractions (permanent teeth), 801 ; fillings, 804 ; scaling, dressings, etc., 351.

Mr. Rankin (Nos. 4, 5, 8, 12 School Management Areas), is of opinion that there are few, if any, school children who do not, at one period or another of their school life, come under the care of the school dentist with the possible exception of those who regularly attend their private dentist. The unfortunate thing, however, is that in too many instances the attendance at the school clinic is not regular. Were the attendance regularly carried out each year, pupils would find how little it takes to keep the teeth in a perfect condition. Mr. Rankin expresses his indebtedness to the headmasters, teachers and janitors for their co-operation and also to the matron and nurses at the Hamilton Child Welfare Centre. The following is a summary of the work undertaken during the session :—

Total number of children treated, **3,123** ; extractions (temporary teeth), 4,554 ; extractions (permanent teeth), 1,393 ; fillings, 795 ; scaling, dressings, etc., 658.

In addition to the foregoing, Mr. Rankin treated 11 children of pre-school age at Hamilton Child Welfare Clinic by arrangement with the Medical Officer of Health of the Burgh. One of the cases necessitated the administration of a general anaesthetic.

Miss Young (Nos. 6, 7 School Management Areas), reports that every year shows an increased interest on the part of the parents in the dental welfare of their children, but there are still many who consider no dental treatment is necessary unless pain is actually present. Miss Young remarks on the great influence headmasters and class teachers have upon the children in encouraging them to have their teeth attended to and also in seeing that the children

TABLE F.

DENTAL TREATMENT

Summary of Work done in the following School Management Areas during the year ended 31st July, 1937.

INSPECTION.						TREATMENT.									No of Pupils.		
SCHOOL MANAGEMENT COMMITTEES.			Number of Pupils Examined.	Number of Notices issued to Parents		Number of Pupils Treated.		NATURE OF TREATMENT.							Necessitous.	Partly Necessitous.	
								Extractions.		Fillings.		Scaling.	Dressing.	Cleaning.			
				Boys.	Girls.	Boys.	Girls.	Temp.	Perm.	Cem.	Amal.						
Number	1	...	...	932	273	277	235	220	741	43	6	93	—	1	—	323	132
„	2	...	...	2041	649	637	523	535	1757	95	—	249	—	32	9	895	163
„	3	...	...	3954	1152	1105	837	796	2738	102	—	321	4	4	15	1320	313
„	4	...	...	4439	1295	1360	566	604	1891	420	29	288	1	54	168	935	235
„	5	...	...	4286	1197	1179	392	426	1269	283	23	167	—	25	94	736	82
„	6	...	...	7879	2448	2500	1262	1483	3032	676	83	512	60	70	122	2241	504
„	7	...	...	6015	1927	1884	1034	1143	2792	536	42	390	26	50	49	1808	369
„	8	...	...	4472	1462	1499	623	637	1705	500	29	436	2	43	97	1042	218
„	9	...	...	8597	2248	2429	1300	1364	3465	579	45	549	76	84	80	1972	692
„	10	...	...	5141	1329	1392	707	771	2152	315	15	258	61	26	59	1146	332
„	11	...	...	8126	2276	2354	1084	1130	2819	771	48	430	20	47	16	1958	256
„	12	...	...	7407	2202	2210	641	672	1847	591	87	261	18	97	316	1119	194
„	13	...	...	10055	2811	2917	1116	1242	3092	556	7	486	2	60	—	1814	544
„	14	...	...	3656	1122	1147	318	343	889	264	15	200	1	7	—	524	137
TOTAL			...	77000	22391	22890	10638	11366	30189	5731	429	4640	271	600	1025	17833	4171



keep their appointments at the clinic punctually. To those who are enthusiastic in the matter of school dentistry due tribute is paid. An epidemic of influenza affected rather badly the attendance at certain of the clinics, especially in the Carfin area.

The following is a summary of the work carried out during the year :—

Total number of children treated, **3,909** ; extractions (temporary teeth), 4,313 ; extractions (permanent teeth), 950 ; fillings, 838 ; dressings, scaling, etc., 369.

Miss Watson (Nos. 7, 13 School Management Areas), attributes the falling off in the numbers treated by her during the session to the longer holiday period occasioned by the Coronation and to the fact that the treatment in a certain school which usually gives a good response occurred during the Christmas holidays. She also states that certain children would benefit by orthodontic treatment.

The following is a summary of the work overtaken by *Miss Watson* during the session :—

Total number of pupils treated, **3,357** ; extractions (temporary teeth), 4,571 ; extractions (permanent teeth), 818 ; fillings, 681 ; scaling, dressings, etc., 69.

REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE, AND THROAT.

AT HAMILTON CLINIC :
(Beckford Lodge).

(DR. JAMES ADAM).

During the year ended 31st July, 1937, 339 school children have been seen by me in regard to affections of ear, nose and throat.

For tonsils and adenoids there were 213 operations under general anaesthesia. Forty-nine children sent for the operation did not require it or were postponed for observation.

There were 13 nasal cases and 12 nasal operations.

There were 9 aural cases, mostly suppurating ears, now all dry, one after the radical operation at Calderbank Home.

One of the nasal cases (sinusitis and atrophic rhinitis) and one of the aural (chronic Eustachian deafness) require regular attention, but both are much improved and more able for instruction.

There were 9 cases of asthma—all nearly well.

As will be seen the bulk of the work relates to tonsils and adenoids. Most of this would disappear if the advice in Dr. Harry Campbell's excellent book on "What is wrong with British diet" were followed.

AT MOTHERWELL CLINIC :
(Carnegie Health Institute).

(DR. R. A. GRAY).

Under General
Anaesthetic.

No. of necessitous cases treated for Tonsils and Adenoids,	228
No. of necessitous cases treated for Diseases of the Ear,	—
No. of necessitous cases treated for Diseases of the Nose,	—
	<u>228</u>

Total number of attendances of school children at the Clinic,	683
Total time occupied by Rhinologist (approximate number of hours),	83
Total time occupied by Anaesthetist (approximate number of hours),	83

AT DOUGLAS CLINIC.

(Lady Home Hospital).

(DR. D. BROWN-KELLY).

No. of necessitous cases treated for Tonsils and Adenoids,	21
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TREATMENT OF MINOR AILMENTS.

The treatment of minor ailments continued to be efficiently conducted during the year at the seven centres established by the Education Committee for this purpose. In addition to these, arrangements were made with the public health authority of the County for the treatment of minor ailments affecting school children at Shotts, Bishopbriggs and Chryston where there was, formerly, no provision for such clinic treatment. In Shotts, the treatment centre is in the Health Institute and at Bishopbriggs and Chryston at the respective Child Welfare Centres. The demands made on the two last named centres have, so far, been very meagre, but the teachers are now aware that, should occasion arise, treatment will be afforded. The arrangements at Shotts were not completed till the spring of 1937 and the response has been sufficiently encouraging to justify the establishing of the clinic.

Certain immediate and prospective changes and extensions to the treatment scheme should also be noted. The treatment of minor ailments in Larkhall which is at present conducted in Machanhill School will, by arrangement with the public health authority of the County, be conducted in future at the Health Institute which was recently opened in Larkhall. This arrangement will commence at the beginning of next school session. The Committee have also sanctioned the setting up of a minor ailments clinic in Wishaw, and this will serve the needs not only of Wishaw but also of its immediate neighbourhood. It is hoped that this clinic will be functioning by the end of 1937. It is also proposed to establish similar clinics in Coatbridge and Bellshill, at both of which places suitable premises are in course of erection. When all of these clinics are in being, it would appear that practically all of the densely populated districts in the educational area will be served and the needs of the school children adequately met, at least for several years to come. At present the Education Committee's minor ailments clinics are conducted at the following centres:—*Airdrie*—At Airdrie Academy; *Blantyre*—At the Health Institute, by arrangement with the public health authority of the County; *Cambuslang*—At Gateside School; *Hamilton*—At Beckford Street School; *Larkhall*—At Machanhill School; *Motherwell*—At the Carnegie Health Institute, by arrangement with the public health authority of the Burgh; *Rutherglen*—At Gallowflat School; *Shotts*—At the Health Institute, by arrangement with the public health authority of the County. A detailed account of the work carried out at each of these centres is given in Table G.

A study of the details given in the statistical table will show that the treatment offered at the clinics still continues to make a strong appeal to the parents and that full advantage is taken of the facilities provided. Where, formerly, children were not sent for treatment till the disease was in a fairly advanced state, it is now

found that they attend much more frequently when the disease is in its initial stages. Thus, the period of cure is greatly shortened and in the vast majority of instances absence from school is either entirely obviated or markedly lessened. There is little, if any, reluctance on the part of the children themselves in coming to the clinic, but whether this enthusiasm is due to a growing health consciousness or to the fact that clinic attendance entails a respite from scholastic work and a temporary escape from school is somewhat doubtful. Possibly both factors operate, the latter being probably the predominant one. Certainly, there is a marked waning of enthusiasm during school holidays and on Saturday mornings. One interesting point should be noted in regard to the attendance at the minor ailments clinics and that is that they are appealing to a much wider circle than formerly and patients frequently attend from villages a considerable distance from the centre, especially where there is a convenient bus service.

During the year under review **11,910** children attended the clinics, the total attendances made being **72,603**. Reference to Table G shows that, as formerly, skin conditions constituted the majority of the diseases dealt with, **8,493** children, that is, 71 per cent. of the total number, being treated for some form of skin trouble. The total attendances made by these 8,493 children amounted to 42,938, representing an average of 5 attendances per child. When one considers that there are many chronic forms of skin disease which demand prolonged attendance at the clinics, extending frequently to many months, it is clear that there must be large numbers of cases which are cured after one or two attendances only. This clearly emphasises the importance of early treatment.

Next in order of frequency were diseases of the eye, comprising inflammatory conditions of eyelids and conjunctivae, corneal opacities, nebulae, etc.; (cases of defective vision are dealt with at the ophthalmic clinics by the Committee's eye specialists). The total number of children treated for eye disease during the year was **1,934** and the total attendances made amounted to **16,480**, giving an average of 8.5 attendances per child. It has to be pointed out that certain of the eye conditions are very persistent, *e.g.*, corneal opacities and keratitis, and necessitate prolonged and continuous treatment. In such cases full co-operation with the parents is essential, so that the home treatment prescribed may be effectively carried out. Where this co-operation is wholehearted most encouraging results are obtained, but in too many instances the entire treatment is left to the clinic staff.

In regard to diseases of the ear, the commonest condition met with was chronic suppurative inflammation—the so-called “running ear.” This condition, as its name implies, is usually a very persistent one and necessitates prolonged and continuous attention. In many instances radical mastoid operation is indicated, but parents are reluctant to agree to this being done. However, the condition is not nearly so prevalent as formerly, due in some measure to the

increasing number of operations for tonsils and adenoids. Although only 775 cases of chronic suppurative inflammation were dealt with at the clinics during the year, the attendances made by the patients were 8,199 and many more attendances will probably have to be made before the condition is cured.

Another ailment which is of a most persistent character and which only slowly yields to treatment is nasal catarrh, a condition which tends to become chronic. Although the numbers treated for this disease during the year were comparatively few—361 in all—the treatment necessitated prolonged clinic attendance, no fewer than 4,765 attendances having been made, *i.e.*, an average of over 13 per child. In the matter of chronicity the condition rather resembles the “running ear.” As a rule parents do not send their children for treatment of the condition early enough. Most of the cases which came for clinic treatment had been long established and frequently had become purulent in character before advice was sought.

Ringworm of the head is now becoming rare, only 11 cases being treated during the year. This is a very great change from the early days of school medical examination and treatment. Ringworm of the body, which is much more amenable to treatment, is also much less frequently met with, only 36 cases being discovered at the clinics.

In addition to the figures shown in Table G a very large number of pupils attending the Committee's special schools received treatment for minor ailments at the clinics attached to these schools, and during the year under review **25,543** attendances were made. These clinics are staffed by members of the school nursing service each of whom is, of course, a fully trained nurse.

Thus, the total attendances made at the Committee's minor ailments clinics (including those attached to the special schools), amounted to **97,655** during the past year. To this total should be added 491 attendances made at the clinic attached to Shotts Health Institute. The entire work at the clinics—with the exception of Shotts—is undertaken by the Committee's medical and nursing staffs.

The following is a summary of the cases treated at each clinic:—

Airdrie Clinic (Dr. Darling)—For eye diseases, 389 with 2,281 attendances; skin diseases, 1,589 with 6,721 attendances; ear diseases, 126 with 1,349 attendances; nose diseases, 14 with 85 attendances; ringworm 12 with 28 attendances.

Total—**2,430** children who made **10,464** attendances.

Blantyre Clinic (Dr. Cormack)—For eye diseases, 164 with 1,529 attendances; skin diseases, 898 with 4,314 attendances; ear diseases, 48 with 670 attendances; nose diseases, 24 with 511 attendances; ringworm, 3 with 12 attendances.

Total—**1,137** children who made **7,036** attendances.

Cambuslang Clinic (Dr. Cunningham)—For eye diseases, 387 with 3,236 attendances; skin diseases, 1,172 with 5,544 attendances; ear diseases, 154 with 1,625 attendances; nose diseases, 88 with 840 attendances; ringworm, 3 with 10 attendances.

Total—1,804 children who made 11,255 attendances.

Hamilton Clinic (Dr. Mackenzie)—For eye diseases, 325 with 3,165 attendances; skin diseases, 1,470 with 7,271 attendances; ear diseases, 139 with 1,504 attendances; nose diseases, 57 with 773 attendances; ringworm, 13 with 89 attendances.

Total—2,004 children who made 12,802 attendances.

Larkhall Clinic (Dr. Mackenzie)—For eye diseases, 187 with 2,157 attendances; skin diseases, 988 with 6,796 attendances; ear diseases, 46 with 442 attendances; nose diseases, 55 with 1,155 attendances; ringworm, 7 with 37 attendances.

Total—1,283 children who made 10,587 attendances.

Motherwell Clinic (Dr. Young)—For eye diseases, 218 with 2,180 attendances; skin diseases, 1,030 with 5,493 attendances; ear diseases, 145 with 1,463 attendances; nose diseases, 62 with 596 attendances; ringworm, 4 with 27 attendances.

Total—1,459 children who made 9,759 attendances.

Rutherglen Clinic (Dr. Cunningham)—For eye diseases, 256 with 1,888 attendances; skin diseases, 1,283 with 6,357 attendances; ear diseases, 116 with 1,141 attendances; nose diseases, 61 with 805 attendances; ringworm, 5 with 18 attendances.

Total—1,721 children who made 10,209 attendances.

Shotts Clinic—For eye diseases, 8 with 44 attendances; skin diseases, 63 with 442 attendances; ear diseases, 1 who made 5 attendances.

Total—72 children who made 491 attendances.

At Special Schools' Clinics :—

Drumpark (Nurse Douglas),	...	11,964 attendances.
Dalton (Nurse Park),	... ..	6,072 „
Knowetop (Nurse Chislett),	... ..	7,507 „

Note :—Children attending Woodburn Special School receive any necessary treatment at Beckford Street Clinic, Hamilton.

JOHN MACINTYRE,
Executive School Medical Officer.

SCHOOL MEDICAL INSPECTION OFFICES,
3 CLYDESDALE STREET,
HAMILTON.

MINOR AILMENTS.

TABLE G. SHOWING (a) NUMBER OF CHILDREN TREATED AT EACH CLINIC; (b) TOTAL ATTENDANCES MADE; (c) NATURE OF AILMENT FROM WHICH THE CHILDREN SUFFERED.

	AIRDRIE CLINIC.			BLANTYRE CLINIC.			CAMBUSLANG CLINIC.			HAMILTON CLINIC.			LARKHALL CLINIC.			MOTHERWELL CLINIC.			RUTHERGLEN CLINIC.			SHOITS CLINIC.		
	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.
DISEASES OF THE EYE—																								
Blepharitis,	107	91	1479	35	49	1002	58	65	1061	82	67	1851	33	39	1038	56	51	1029	37	38	607	3	2	38
Conjunctivitis,	37	41	245	12	20	159	68	83	1151	60	54	911	55	54	830	26	30	518	51	55	766	1	—	4
Corneal Ulcer,	10	12	79	1	2	8	3	1	17	3	1	17	—	—	—	3	9	190	4	1	28	—	—	—
Corneal Opacities,	10	14	266	2	6	228	14	11	581	4	6	263	1	2	175	1	6	191	3	7	214	—	—	—
Ophthalmia and Phlyctenular Conj.,	6	8	22	1	1	4	2	1	29	1	2	26	1	3	18	4	4	98	5	1	17	—	—	—
Keratitis-Interstitial,	—	—	—	—	—	—	—	—	—	1	—	4	1	—	6	—	2	32	—	1	77	—	—	—
Hordeolum (Stye),	26	13	112	14	18	114	19	26	139	25	15	75	20	18	84	9	7	81	15	24	100	—	2	2
Stillicidium,	—	—	—	1	1	10	—	2	36	—	2	8	—	—	—	2	—	6	1	1	23	—	—	—
Other Diseases,	6	8	78	—	1	4	9	20	242	1	1	10	—	—	—	3	5	35	6	6	56	—	—	—
TOTAL,	202	187	2281	66	98	1529	173	214	3236	177	148	3165	91	96	2157	104	114	2180	122	134	1888	4	4	44
DISEASES OF THE SKIN—																								
Impetigo Contagiosa,	338	246	2742	171	109	1611	124	84	941	220	153	1953	127	91	1141	232	146	1825	127	86	1028	12	7	102
Eczema,	7	11	77	24	15	361	49	23	487	22	12	412	5	16	294	47	38	567	58	31	704	1	2	46
Alopecia Areata,	1	5	7	—	—	—	—	2	15	1	1	84	3	1	117	5	9	118	2	3	18	1	—	25
Scabies,	76	52	494	18	32	158	4	10	41	40	52	328	15	14	92	36	46	478	16	14	111	8	11	216
Pediculosis Capitis, with Impet.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Contag.,	6	10	35	—	7	46	1	2	13	1	5	13	—	2	6	2	8	18	—	2	13	—	4	12
Pediculosis Capitis,	—	—	—	—	1	1	1	12	18	—	1	6	—	1	13	—	—	—	—	6	6	—	—	—
Dermatitis Seborrhœica,	—	3	11	15	6	130	15	23	281	26	25	267	11	37	468	15	20	287	16	9	190	1	—	10
Wounds and Septic Sores,	448	290	3002	270	156	1570	397	241	2492	514	262	3177	321	194	2667	209	109	1666	477	211	2696	5	4	19
Psoriasis,	8	12	105	2	—	11	2	1	54	1	4	69	1	2	101	2	4	33	1	6	87	1	—	1
Other Skin Diseases,	43	33	248	36	36	426	95	86	1202	83	47	962	86	61	1897	53	49	501	120	98	1504	3	3	11
TOTAL,	927	662	6721	536	362	4314	688	484	5544	908	562	7271	569	419	6796	601	429	5493	817	466	6357	32	31	442
DISEASES OF THE EAR—																								
Chronic Suppurative Inflammation,	71	39	1328	17	20	641	50	46	1447	65	39	1275	18	16	344	61	44	1189	31	31	953	—	—	—
Ceruminous Collection,	10	1	15	—	2	7	16	14	96	4	1	18	1	—	2	9	3	32	8	14	82	—	1	5
Chronic Catarrh,	1	1	3	3	2	6	7	2	52	11	9	190	3	5	83	3	4	53	1	7	40	—	—	—
Other Diseases,	2	1	3	1	3	16	9	10	30	6	4	21	1	2	13	11	10	189	14	10	66	—	—	—
TOTAL,	84	42	1349	21	27	670	82	72	1625	86	53	1504	23	23	442	84	61	1463	54	62	1141	—	1	5
DISEASES OF THE NOSE—																								
Nasal Catarrh	13	1	85	7	9	315	31	31	573	25	14	498	19	16	671	30	18	336	23	21	544	—	—	—
Nasal Obstruction,	—	—	—	4	4	196	20	6	267	12	6	275	9	11	484	7	7	260	11	6	261	—	—	—
TOTAL,	13	1	85	11	13	511	51	37	840	37	20	773	28	27	1155	37	25	596	34	27	805	—	—	—
Ringworm of Head,	—	—	—	—	—	—	—	1	5	4	1	36	2	—	14	—	2	15	1	—	8	—	—	—
Ringworm of Body,	2	10	28	3	—	12	—	2	5	7	1	53	3	2	23	1	1	12	3	1	10	—	—	—
TOTAL,	2	10	28	3	—	12	—	3	10	11	2	89	5	2	37	1	3	27	4	1	18	—	—	—

